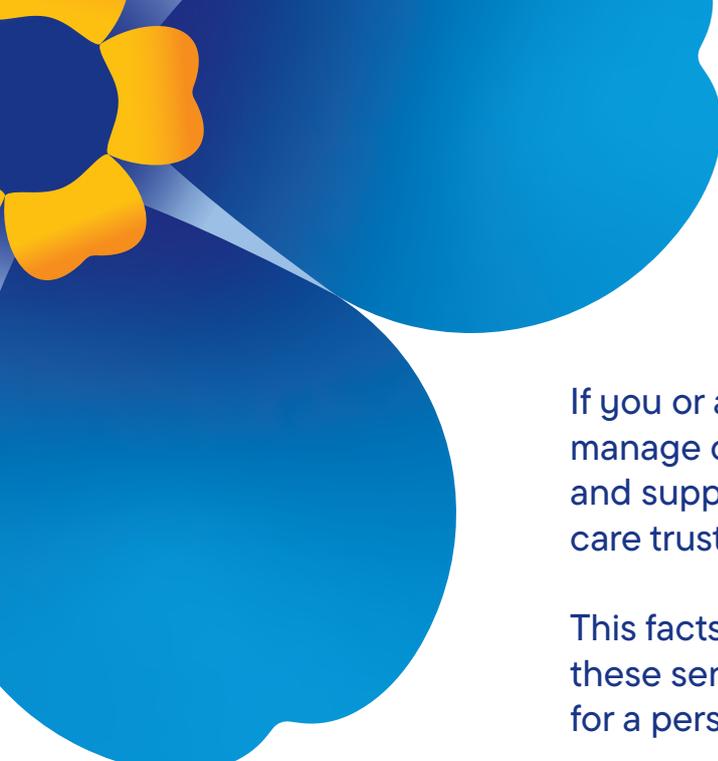


Assessment for care and support in Northern Ireland



**Alzheimer's
Society**

Together we are help & hope
for everyone living with dementia



If you or a person with dementia is finding it difficult to manage day-to-day, you may both be entitled to care and support services paid for by the health and social care trust (HSCT).

This factsheet for carers explains how you can access these services through either an assessment of need for a person with dementia or a carer's assessment.

This factsheet is for people living in Northern Ireland, as assessments for care and support are different in England and Wales. See factsheets 418 for England and W418 for Wales.

Contents

1	What is care and support?	1
2	Arranging an assessment for care and support	3
3	The criteria for an assessment of need	5
4	Getting an assessment of need	7
5	Support for carers: carer's assessment criteria	10
6	Getting a carer's assessment	11
7	Organising care and support	14
8	Reviews	17
9	Complaints	18
	Other useful organisations	19

1 What is care and support?

Space for
your notes

As a carer, the impact of dementia on your daily life can be challenging. As the person's dementia progresses, they will find everyday activities more difficult. You might be supporting them by:

- regularly checking they are safe and comfortable
- cooking and providing meals for them
- driving or going with them to appointments or the shops
- moving them into your home so you can give full-time support.

However, you may be feeling stressed, anxious, or that you can no longer provide the level of care they need. This can affect the wellbeing of the person with dementia and even put them at risk of harm.

You don't have to manage alone. It may be difficult to think about asking for support, especially if you feel like you and the person you support have been coping well.

The point of care and support is to help you as a carer, as well as the person with dementia. Support can help you to maintain your health and wellbeing as well as carry on caring for the person.

Care and support is available from your health and social care trust (HSCT). The local HSCT or 'trust' can also provide help to support you both emotionally.

To find out what support and care is needed, the first step is arranging an assessment. There are two different assessments and they are different in who they are used for:

- an **assessment of need** is for a person with dementia
- a **carer's assessment** is for a carer.

An assessment of need for a person with dementia may be called different things by different organisations. This includes a 'community care assessment', a 'care needs assessment' or a 'social care assessment'.

Space for your notes

Everyone has unique needs, so the type of care and support will be different from person to person. Needs also change over time. Care and support should be tailored to meet your needs now and then adapted or increased in the future.

For a person with dementia, examples of care and support could be:

- someone visiting their home to help prepare meals
- help with dressing or washing
- attending a day centre or other activities in the community.

For you, as a carer, care and support could be:

- training to help with your caring role, for example, showing you how to move and handle the person you care for, or how to use any specialist equipment
- providing additional services to the person so that you can have a break
- giving you advice about benefits you could be entitled to as a carer.

There is no charge for either assessment, and anyone who may have care and support needs is entitled to have one. Preparing for the assessments will help you understand what needs the person with dementia has, and what needs you may have as a carer. It will also help you to start thinking about what care and support will help.

2 Arranging an assessment for care and support

Space for
your notes

You can ask for an assessment of need or carer's assessment directly from your HSCT's adult services or social services department. You can find the department's contact details:

- online
- at your GP surgery
- at local carers' organisations
- at the local library
- through the staff involved in the person's discharge (if the person is in hospital).

The person with dementia can ask for an assessment of need themselves, or you can do this for them. Other people can also arrange an assessment of need on behalf of the person with dementia. These include:

- the person's GP, consultant, or another health or social care professional, such as an occupational therapist
- a carer or relative
- a hospital social worker (if the person is in hospital).

If you ask for an assessment of need on behalf of the person with dementia, you must get their consent first. You can get consent by checking that the person agrees to you requesting this. Some people with dementia may lack the ability (mental capacity) to give consent. You can then ask for an assessment if it is in the person's best interests.

Speak to your local HSCT and ask for information and advice as soon as possible. This may be when you start noticing daily activities are becoming more difficult for you or the person with dementia.

You could start by looking at the trust's website to see what support is available and how to get in contact. The information will help you to plan ahead for care and support. This will give you both more time to explore your options. It will also help with planning for emergencies or preparing for times when you may not be able to provide care.

Space for your notes

Who pays for care and support?

You each have to meet certain criteria (conditions) to have care and support provided by the HSCT. There are different criteria for the assessment of need and the carer's assessment.

In addition, the HSCT will undertake a financial assessment for each person.

The adult services or social services department will use this to decide if and how much it will pay towards care and support for the person with dementia or for you. There are different ways this can happen:

- The HSCT will provide and fully pay for the care and support of some people.
- Some people will pay towards their care and support and the HSCT will also pay towards it.
- Some people may have to pay in full for their care and support themselves.

The HSCT cannot refuse to carry out an assessment, even if they think the person will have to pay for their own care and support. If the HSCT does not pay towards the care and support, the information in the assessment can still be helpful.

You can use the information to discuss care and support needs with other organisations and companies, such as homecare agencies, who provide private care in your home. See 'Financial assessments and care charges' on page 14.

3 The criteria for an assessment of need

Space for
your notes

Anyone with dementia can get an assessment of need. It should identify the person's needs and what support would meet these needs. It also helps the HSCT to decide if they will pay towards meeting these needs.

Criteria for eligible care needs

The assessment of need will identify if the person with dementia has one or more 'eligible care needs'. A person must have an eligible care need for the HSCT to consider paying for their care and support.

The HSCT will compare the person's needs with eligibility criteria set by the Department of Health. These criteria are grouped under four bands of risk – critical, substantial, moderate and low.

The HSCT will try to establish whether the person has any of the needs categorised under these risk bands. The person is eligible even if they have just one of the listed needs in the relevant band. The HSCT will use this information to decide whether the person will receive services. The identified needs for each risk band are:

Critical

- the person's life is or may be threatened
- the person has significant health problems, or is likely to develop them
- the person has little or no control over their immediate environment
- serious abuse or neglect has occurred or is likely to occur
- the person is unable to carry out vital personal care or domestic routines
- the person is unable to carry out work, education or learning, or is likely to become unable to
- the person is unable to maintain relationships or social responsibilities, or is likely to become unable to
- the person's hospital discharge is delayed, causing them a risk of infection or a loss of independence.

Space for your notes

Substantial

- the person has only partial control over their immediate environment
- abuse or neglect has occurred or is likely to occur
- the person is unable to carry out the majority of personal care or domestic routines
- the person is unable to carry out many aspects of work, education or learning, or is likely to become unable to
- the person is unable to maintain the majority of relationships or social responsibilities, or is likely to become unable to
- the person is at significant risk of inappropriate admission to hospital or residential care.

Moderate

- the person is unable to carry out several personal care or domestic routines
- the person is unable to carry out several aspects of work, education or learning, or is likely to become unable to
- the person is unable to maintain several relationships or social responsibilities, or is likely to become unable to.

Low

- the person is unable to carry out one or two personal care or domestic routines
- the person is unable to carry out one or two aspects of work, education or learning, or is likely to become unable to
- the person is unable to maintain one or two relationships or social responsibilities, or is likely to become unable to.

The person with dementia only needs to meet one of the listed risks to meet the criteria of the relevant band. HSCTs must provide support for a person's care needs if these are within the critical and substantial risk bands. In this case, the person cannot source help from elsewhere.

The HSCT can also choose to meet a person's needs in the moderate and low risk bands, but legally they do not have to.

4 Getting an assessment of need

Space for
your notes

The HSCT's social services or adult services department carry out most assessments. The assessor is normally a social worker (who may be referred to as an assessor). This person may ask to involve other professionals, for example, the person's doctor.

What to expect at the assessment of need

An assessment of need will usually involve professionals asking the person questions, as part of a discussion. The assessor will use a Single assessment tool to carry out these assessments. This is to avoid or reduce repeat assessments. It will also mean the same questions aren't asked by different professionals.

The assessment may be completed in one visit or, if there are more complex needs, spread over several weeks.

These questions will help the local HSCT to find out about:

- the person's physical health
- their mental health and emotional wellbeing
- their awareness and ability to make their own decisions
- how they manage their medicines
- their communication
- their walking and movement
- their personal care and how they manage daily tasks
- their living arrangements
- their relationships with friends and family and whether they provide care to anyone else
- whether they work or are in education or training
- their finances and leisure activities
- their quality of life, their goals, wishes and preferences for their future
- whether there is a carer.

Space for your notes

Where the assessment of need takes place

A face-to-face assessment of need usually takes place in the person's home. This can help the assessor understand what care and support the person needs. If the assessment is arranged elsewhere, it should be somewhere convenient for the person and you.

If the person with dementia is offered a self-assessment questionnaire or telephone assessment, they can ask to have the assessment in person. Assessments should not take place over the phone or via letter as the person's needs must be properly assessed.

You or the person should explain why they need a face-to-face assessment. If this is still not offered, they can make a complaint about the lack of support they are receiving in having their needs assessed. See section 9 'Complaints' on page 18.

The assessment of need: tips

The tips below can help the person with dementia get more from the assessment. Use the suggestions to make notes or comments on relevant details. Make sure to share these in the assessment.

- **Create a daily diary for a few weeks.** Include tasks the person needs help with.
- **Make a list of any medicines the person is taking.** Include what conditions they are for.
- **Collect any letters from the GP or other professionals.** This is called 'supporting evidence', such as a GP letter suggesting ramps if the person has problems with walking.
- **Are there carers or relatives that the person would like at the assessment?** Check if they are available to attend.
- **Does the person follow any cultural or religious practices?** They may have dietary requirements, such as being a vegetarian, or may regularly visit a place of worship.
- **What support do they get from family and carers?** Even if these people carry on giving care and support, the assessment should cover what would happen if they could no longer do this. It's also important to mention if anyone is finding it difficult to provide care or meet the person's needs.
- **Is there any equipment or assistive technology that would help?** This could be an automated pill dispenser or smart home systems. For more information see factsheet 437, **Using technology to help with everyday life.**
- **Is there any care and support given by professionals that would help?** This could include care and support from a care organisation, support groups or day centres.
- **What care and support might they need in the future as their dementia progresses?** This can include support from other people, as well as equipment and assistive technology.

During the assessment of need

- **Be honest.** Some people feel uncomfortable talking to professionals about their problems. The assessor will be used to discussing things like incontinence and changes in behaviour. Being open will help the person with dementia get the best results from their assessment.
- **Tell the assessor if there are things the person wants to do.** For example:
 - be more active
 - stay living at home for as long as possible
 - attend groups and events to engage with other people
 - get help with activities such as shopping or going for walks.

Space for your notes

“

A visit from a carer three times a day to give meds and make a meal and a hot drink would probably help a lot.

Family member
of a person with
dementia

”

Space for your notes

5 Support for carers: carer's assessment criteria

Anyone over the age of 18 who provides regular, unpaid care to a person with dementia can get an assessment of their needs as a carer. This includes multiple people caring for the same person.

A carer's assessment should identify what your needs are and work out what type of support would help. You can still have a carer's assessment even if the person you care for refuses an assessment or doesn't want care or support.

Everyone needs support from time to time. For more information see factsheet 523, Carers – looking after yourself and booklet 600, Caring for a person with dementia: A practical guide. For advice, call our Dementia Support Line on 0333 150 3456.

The HSCT may pay for your support. Even if the person you are caring for is paying for their own care (self-funding), you may still be able to receive support.

Eligible care needs for carers

Once an assessment has been completed, the HSCT will decide if it will pay for care and support for you. They will consider whether you are eligible and also your financial situation. For more information on the financial assessment, see 'Financial assessments and care charges' on page 14 or factsheet NI532, **Paying for care and support in Northern Ireland.**

Some types of support for carers, such as respite care, are given directly to the person with dementia (see 'Care plans' on page 15). For this to happen, the person will need to be assessed – to work out whether they are eligible for services.

If you are not satisfied with the way an assessment was done, or with the outcome of an assessment, you can make a complaint (see section 9 'Complaints' on page 18). You will need to explain why you are not satisfied, your reasons and the outcome you are looking for.

6 Getting a carer's assessment

Space for
your notes

The Single assessment tool contains a carer's assessment. This means that a carer's assessment is often done at the same time as an assessment of need for the person with dementia.

This can be helpful as your needs may be met by support provided to the person you care for. For example, if you need a short break from your caring role, the HSCT could offer replacement (respite) care to the person with dementia. For more information on this, see factsheet NI462, **Respite care in Northern Ireland**.

Speak to the HSCT to arrange your carer's assessment. See section 2 'Arranging an assessment for care and support' on page 3 for details on how to contact them.

What to expect at the carer's assessment

What to expect from a carer's assessment depends on how it has been arranged.

The assessment will usually be carried out by a social worker. It may involve other professionals, such as a GP, but the social worker will arrange this if it is needed.

You will have the opportunity to explain what you do as a carer, and also what help and support you would like. The assessment will include questions about:

- how long you have been providing care and support
- when you provide care and support, and how much you provide per week
- whether you assist with the person's finances and if you have any legal authority – for example, an Enduring power of attorney (EPA)
- whether there have been times you've been unable to fulfil your caring role
- whether anyone in the family shares the caring role with you
- whether there is a need to consider contingency care (if something were to happen to you, or you were unable to provide care for some reason, what care and support would need to be provided and who could do this)
- whether your finances have been affected due to caring and if you are claiming anything you are entitled to, for example, Carer's allowance
- your own health, including your physical and mental health and wellbeing

Space for your notes

- any health problems that have been caused by or made worse by caring
- how you view your role, including what you find positive and most difficult, and any concerns you have about the future.

Self-assessment questionnaire

Sometimes, the HSCT will ask for information through a self-assessment questionnaire. You can ask them for support completing this if you need to. Some local charities may also help with this.

Where the carer's assessment takes place

The carer's assessment can be carried out at the same time as the assessment of the person with dementia. If this is the case, it is likely to be done in the home of the person with dementia.

Alternatively, the carer's assessment may take place separately, or perhaps the person with dementia is not having an assessment themselves. In this case, the assessment should take place somewhere that is convenient for you, for example, in your own home.

The carer's assessment: tips

There are a few things you can do to prepare for a carer's assessment. Look through the questions and take your time to think about your answers.

The tips below can help you prepare and get more from your assessment. Think about the support you need. Use these suggestions to make notes or comments on relevant details. Make sure to share these with the professionals during the assessment.

- **Create a diary for a few weeks and include all the tasks that you do to support the person with dementia.** These could include helping them with washing and dressing or doing their shopping.
- **List the care and support that you give the person including when, where and for how long.** Include details on any time you spend checking on the person's wellbeing, or times you respond to phone calls to support them.
- **List any welfare benefits that you or the person you are supporting get.** The assessor may be able to suggest other benefits if appropriate. If you are not receiving any benefits and think you should be, you can ask the assessor for more information.

- **What care and support can you continue to provide?**
You should not feel pressured into providing care that you are not willing or able to give.
- **Do you find your caring role difficult at times?** Mention the occasions when you feel irritable, stressed or depressed. If appropriate, include any physical health problems caused or made worse by your caring role.
- **Are there things you can't do or find difficult as a result of caring?** You may not have time to clean your home, go to work or see your friends.
- **Think about what support would help you now and in the future, as the person's dementia progresses.**
This could be arranging respite care so you can have a break, or practical help, such as equipment or training.

Be open and honest. You might find it difficult to talk about how you feel at first, but remember that the assessor is there to support you. To get the best results from your assessment, they need to understand how you are managing.

If you are having an assessment at the same time as the person with dementia, it may be difficult to share your feelings. See if it's possible to speak with the assessor separately if you'd prefer the person not to hear about difficulties you're having because of their dementia.

**Space for
your notes**

Space for your notes

7 Organising care and support

If an assessment shows that support is needed, the HSCT looks at how best to put this in place. They will first carry out a financial assessment.

Financial assessments and care charges

Not everyone will have their care and support paid for by their local HSCT. The trust will carry out a financial assessment to decide on both:

- how much you or the person you care for will pay
- how much the HSCT will pay, if anything.

HSCTs can charge for the services they arrange. They usually don't charge for services provided in a person's home, but there are some exceptions, such as the following:

- the home help scheme – there is a 'means-tested' charge for this service. This means that charges are based on a person's ability to pay, taking into account their savings and investments. People over 75 are not charged for the home help service
- the meals on wheels service – this has a fixed charge.

When a financial assessment is required, only the person receiving the services will be financially assessed. The HSCT will calculate the cost of the services to be provided, then financially assess the person using the regional charging policy to see how much the person can contribute to this cost. The HSCT must provide a breakdown of how they calculated the charge.

If the person with dementia needs to move into a care home, the HSCT will assess the person's income and savings according to national rules.

If you think the charges are wrong, you may want to get further advice and information (see 'Other useful organisations' on page 19). You can make a complaint about the charges by following the HSCT complaints procedure (see section 9 'Complaints' on page 18).

For more information about financial assessments, see factsheet NI532, **Paying for care and support in Northern Ireland**.



**Social services
have stepped in
and from Monday
will be going in
each evening to
administer the
evening meds.**

Family member
of a person with
dementia



Direct payments

A person with dementia or a carer may choose to receive a direct payment for their care if the HSCT funds this. This is for the person to decide, not the HSCT.

A direct payment is money that the HSCT gives someone to spend on meeting their own eligible care needs. The person can spend the money on a wide range of products and services. Direct payments allow people to make their own choices about their care.

The HSCT must support people managing a direct payment. This could be through voluntary or charitable services. The HSCT must be satisfied that the person is willing and able to manage a direct payment, either alone or with assistance.

The person may consent to receive direct payments but is not able to manage them because they lose the capacity to do so. In this case, the HSCT may continue to make direct payments. This is only if an 'authorised person' is prepared to handle them instead.

The authorised person must:

- be prepared to manage the direct payments and care package on a day-to-day basis on behalf of the person with dementia
- do this in the best interests of the person with dementia
- have the correct legal authority from the Office of Care and Protection – for example, the attorney of the person with dementia through an Enduring power of attorney.

For more information see factsheet NI431, **Direct payments**.

Care plans

If the assessment shows the person with dementia has eligible needs, the HSCT must provide sufficient support to ensure that these are met.

The person who carried out the assessment should write a 'care plan'. This describes which services will be provided. The person with dementia and their carer should be closely involved in the development of the plan.

The care plan should include:

- the needs that have been identified
- the desired outcomes and how they can be met
- a risk assessment
- a plan for dealing with emergency changes
- the result of any financial assessment
- the support that carers are willing and able to provide

Space for
your notes

Space for your notes

- the support to be provided to meet the assessed needs
- the date on which the plan will be reviewed.

A carer's support plan outlines things that are specifically for the carer, for example, manual lifting and handling training (which could help you to use a hoist) or having a temporary break from caring. The results of your carer's assessment may also lead to changes in the care plan of the person you care for.

Sometimes, a carer's need is best met by giving services to the person they care for. An example is respite care, such as a paid carer coming to spend time with the person, which allows the carer to take a break. Although it is there to help the carer, the actual care is given to the person with dementia as part of their care plan.

For more information on respite care, see factsheet NI462, **Respite care in Northern Ireland**.

How care and support is arranged

The main ways the HSCT arrange care and support are:

- giving the support directly
- arranging for a care provider, such as a homecare agency
- making a direct payment to the person or their carer to buy their own care and support.

Care and support can also be arranged as a combination of these options. How this will be arranged is usually discussed in the assessment and should be in the care and support plan.

You can also get information from local care agencies and charities. The Regulation and Quality Improvement Authority lists all registered homecare agencies (see 'Other useful organisations' on page 19).

Some services, such as community nursing, are arranged through the GP. This can be done directly or after a discussion with your HSCT's adult services or social services department.

8 Reviews

Over time, circumstances for you and the person with dementia will change. Your HSCT will arrange a review meeting to see whether the services you receive are still meeting both your needs. Care plans should be reviewed at times specified in the care plan (for example, within the first six months and then annually), or as your needs change.

There are different ways to get a review:

- **A planned review** is discussed and agreed in the initial care plan.
- **An unplanned review** is normally the result of a change in circumstances, such as a hospital admission or a fall that means the person is less able to do things.
- **A requested review** is where the person, you as their carer or a professional (for example, their GP) asks for a review. This may be due to a change in care needs or when it is felt that different support is needed.

If your or the person's situation changes, you should contact the local HSCT, whether or not a regular review is due. This includes if your financial situation changes – for more information see factsheet NI532 **Paying for care and support in Northern Ireland**.

You should also contact the trust if you feel that you need more help, or different kinds of services.

Space for
your notes

Space for your notes

9 Complaints

If you need to make a complaint about the assessment process, it's best to try and solve this with the person you're in contact with, such as the social worker. An informal discussion may resolve a breakdown in communication or a misunderstanding.

If this doesn't work, the HSCT will have a complaints procedure to follow. They will explain how to use this. The complaints procedure might be appropriate if:

- there are problems arranging an assessment
- there is an unreasonably long wait for an assessment
- the person is told that they are not eligible for care and support, and you or they feel that they are
- the required services are not provided, or are unsatisfactory.

Contact the HSCT to find out what their complaints procedure is. If the HSCT's complaints procedure does not resolve the issue, you can take your complaint to the Northern Ireland Ombudsman. It may be helpful to talk to a local advice agency first, for example, Advice NI (see 'Other useful organisations' on page 19).

Other useful organisations

Space for
your notes

Advice NI

0800 915 4604 (helpline)

advice@adviceni.net

www.adviceni.net

Advice NI provides information, advice and support about benefits and money.

Age NI

0808 808 7575 (Advice service, 9am–5pm Monday–Friday)

advice@ageni.org

www.ageni.org

Age NI offers companionship, advice and support for older people on a range of topics including accessing care and support.

Carers Northern Ireland

0808 808 7777 (helpline, 9am–6pm Monday–Friday, including bank holidays)

advice@carersuk.org

www.carersuk.org/ni

Carers Northern Ireland provides information, advice and support about caring.

Centre for Independent Living NI

028 9064 8546 option 1 (9am–5pm Monday–Friday)

enquiries@cilni.org

www.cilni.org

The Centre for Independent Living NI offers a range of services for people using, or considering using, direct payments and other self-directed support.

Northern Ireland Ombudsman

0800 34 34 24

nipso@nipso.org.uk

www.nipso.org.uk

The Northern Ireland Ombudsman is the independent organisation that investigates complaints about government departments, agencies or public bodies, and looks for a resolution.

Space for your notes

Office of Care and Protection (OCP) **0300 200 7812 (9am–1pm Monday–Thursday)**

OCP@courtsni.gov.uk

www.justice-ni.gov.uk/topics/courts-and-tribunals/office-care-and-protection-patients-section

The OCP is the body that registers Enduring powers of attorney (EPAs), processes the appointment of controllers on behalf of the court, and monitors and supervises those appointed.

Regulation and Quality Improvement Authority (RQIA) **028 9536 1111**

info@rqia.org.uk

www.rqia.org.uk

The RQIA is the independent body that carries out the inspections, reviews and audits of health and social care services in Northern Ireland.

Rights 4 Seniors

0800 915 4604

rights4seniors@adviceni.net

www.rights4seniors.net

Rights 4 Seniors provides information on health, social care, benefits and housing rights for older people in Northern Ireland.



Factsheet NI418

Last reviewed: November 2024

Next review due: November 2027

Reviewed by: Michael Graham, Director, Cleaver Fulton Rankin Solicitors

This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please email publications@alzheimers.org.uk

This publication contains information and general advice. It should not be used as a substitute for personalised advice from a qualified professional.

Alzheimer's Society does not accept any liability arising from its use. We strive to ensure that the content is accurate and up to date, but information can change over time. Please refer to our website for the latest version and for full terms and conditions.

© Alzheimer's Society, 2024. All rights reserved. Except for personal use, no part of this work may be distributed, reproduced, downloaded, transmitted or stored in any form without the written permission of Alzheimer's Society.

At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information on **Needing greater support with care.**

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit **alzheimers.org.uk/donate**



Together we are help & hope
for everyone living with dementia

Alzheimer's Society
43-44 Crutched Friars
London EC3N 2AE

0330 333 0804
enquiries@alzheimers.org.uk
alzheimers.org.uk

Registered charity no 296645. A company limited by guarantee and registered in England no 2115499. Alzheimer's Society operates in England, Wales and Northern Ireland.