Paying for care and support in Northern Ireland

Alzheimer's Society
Together we are help & hope for everyone living with dementia

Paying for care can be worrying to think about. With the right information and support, you can better understand your options and make the right decisions for you. This factsheet outlines the different ways to pay for care, and the amount you might be expected to pay.

This factsheet is for people living in Northern Ireland. The laws in England and Wales are different. See factsheets 532, **Paying for care and support in England** and W532, **Paying for care and support in Wales** for more information about the laws in those countries.

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1 The health and social care assessment

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Many people with dementia need care and support as their condition progresses. Each person has individual needs, so the types of care put in place will be different for everyone.

To work out what a person's needs are, an assessment will be carried out by their Health and Social Care (HSC) trust. This is often known as an 'assessment of need'. The assessment looks at how the person manages daily activities such as washing, cooking or maintaining relationships. It will also look at their quality of life, goals and wishes for their future.

The HSC trust will compare the person's needs with eligibility criteria set by the Department of Health. There are four bands of risk in these criteria. The HSC trust will establish which risk band the person falls into. They will then use this to decide whether the person will receive services. The bands of risk are:

- critical
- substantial
- moderate
- low.

The HSC trust is responsible for meeting a person's care needs for the critical and substantial risk bands. The trust can choose to meet needs in the moderate and low risk bands, but legally do not have to.

Anyone is allowed to request an assessment of need from the trust. This should be provided to the person for free even if they may pay for their care.

For more information see factsheet NI418, **Assessment for care and support in Northern Ireland**.

The trust may charge people for some care and support services. However, some types of care and support must be free of charge. These include:

- reablement (care that can help to restore a person's independence by providing support or helping them relearn daily living skills) for up to six weeks
- NHS services
- funded nursing care payments – this is where someone lives in a nursing home and £100 per week (2024 rate) is paid to the home to cover the costs of the registered nurse
- continuing healthcare – this is where a person's needs are classed as healthcare and cannot be charged for.

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Who pays?

The trust will make a care and support plan, and decide whether to charge for the care they provide for the person with dementia. If they do decide to charge, a financial assessment must be completed.

The financial assessment will consider the person's capital and income. It is used to work out if the person will receive any help with funding their care costs. The next section describes the financial assessment process in more detail.

Some people will pay for all their care costs – this is called being a 'self-funder'. Most people will pay part of their care costs, with their contribution decided by the financial assessment. Sometimes, the person's care will be fully funded by the trust.

Respite care

HSC trusts provide some respite services free of charge. If they do charge, it is the person with dementia who is financially assessed. This is true even if it is the carer who needs the break. For more information see factsheet NI462, Respite care in Northern Ireland.

2 Financial assessments

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To help decide who will pay for care, the trust will carry out a financial assessment. The financial assessment for homecare is different to the assessment for a residential care home.

The person can ask for an assessment of need even if they think they may pay for their own care. It may still be helpful to them.

The financial assessment process

A person with dementia may not always need a financial assessment. This may not be needed because of examples such as:

- the person needs a homecare service that isn't charged for
- their care comes under healthcare that is not chargeable.

Financial assessment forms

The person with dementia will be asked to complete some forms about their finances. Someone from the trust may be able to visit to help the person fill in the forms.

In these forms, the person with dementia will have to report on two things:

- **income** – this refers to any money the person receives regularly. For example, this could be a pension. It can also include benefits such as Universal credit or the Guarantee credit element of Pension credit. It doesn't include any money the person earns if they are working.
- **capital** – this refers to any other assets the person has. This includes savings and investments, such as stocks and shares. In some cases, it includes the value of the person's home (for example, when paying for care home fees). It does not include personal possessions, such as jewellery.

The person may lack the mental capacity to take part in this process. The trust will then need to find out if there is anyone who has the appropriate authority to be involved in the person's financial affairs. This could be an attorney under an Enduring power of attorney, or a controller. If there is no such person, then a family member or the trust may need to apply to become the person's controller.

For more information see factsheet NI472, **Enduring power of attorney and controllership**.

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It can feel like an invasion of privacy when the trust look into a person's finances. However, it is important to make sure that the person is charged the right amount for their care. The person could be charged the full amount if they refuse to answer the financial questions.

If they lack the mental capacity to take part, they should not be penalised for that. The trust should be working with an attorney or controller instead.

Based on the information in these forms, the trust will decide what to include in the person's financial assessment. For each type of capital and source of income the person has, the trust will either:

- fully take it into account (known as 'available' capital or income)
- partially take it into account
- ignore it completely (known as 'fully disregarding' it).

For example, some benefits like the Personal independence payment (PIP) mobility component will be fully disregarded and not expected to contribute to care costs. Whereas other benefits can be fully or partially taken into account and expected to contribute to care costs.

Once the assessment has been completed, the trust must provide clear, written information about how much a person will pay for their care. This should show clearly what has been taken into account. Regular statements from the trust should follow.

When deciding what to charge, the trust must treat everyone fairly. If a person is concerned that the trust are treating them unfairly, they can put in a complaint. See 'Complaints' on page 14.

Paying for homecare

HSC trusts can choose when to charge for care and support provided at home.

Usually, trusts don't charge for services provided in a person's home. This may change in the future. A trust may have a policy of not charging for most homecare services, but will make an exception for services such as:

- home help (where available)
- 'meals on wheels' – this is where a meal is brought to a person's home.

The means test for home help is complicated. Ask the trust for details if they do provide and charge for this locally. Any charges are based on a person's ability to pay. If a trust decide a person must contribute, they will take into account:

- savings over £6,000 if a person is over 60 years old
- savings over £3,000 if a person is under 60 years old
- weekly income
- any outgoings a person has.

Anyone who is over 75 or claiming a means-tested benefit, such as Pension credit guarantee credit, cannot be charged.

A standard charge that is not means-tested may be applied to meals on wheels at home or meals provided in day care.

Any charges must be reasonable. If a person feels the charges are too high, they have the right to complain. See 'Complaints' on page 14.

If someone refuses to pay for homecare, the trust cannot withdraw the service if the person is assessed as having critical or substantial needs. The trust would be expected to continue to meet the person's needs while attempting to resolve the dispute.

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Paying for residential care

A person may have to contribute towards the cost of their care if they need care provided in a residential or nursing home. This will depend on their available capital and income. The trust must follow regulations that are explained in the Charging for Residential Accommodation Guide (CRAG), which is available at www.health-ni.gov.uk/publications/guidance-charging-residential-accommodation

In Northern Ireland, the 2024 capital limits are:

- **upper capital limit** – £23,250
- **lower capital limit** – £14,250

The trust will compare the person's available capital to the capital limits. This will show how much the person with dementia will pay for their care from their capital.

Above the upper capital limit

If the person's capital is above the upper capital limit, they will be expected to pay all their own care costs. This is known as being a self-funder. If the person's capital is likely to drop to the upper threshold, they or their carer should ask the trust for a review of their finances. Ask for a review well in advance, as they can take time to be assessed.

Between the upper and lower capital limits

If the person's capital is between the upper and lower capital limits, they will pay a means-tested contribution from their capital. This contribution is calculated as £1 per week for every £250 of capital they have above the lower limit. For example: if someone has £15,000 in capital:

- they are £750 over the lower capital limit (£15,000 - £14,250 = £750)
- £750 divided by £250 is 3
- £1 x 3 = £3 contribution paid per week.

There may be a gap between the person's contribution (from both their available capital and income) and the amount the care costs. In this case, the trust should start to contribute towards the person's care costs.

Below the lower capital limit

If the person's capital is below the lower capital limit, they will still pay what they can afford from their income (see the next section, 'Personal expenses allowance (PEA)'). However, they won't have to pay any contribution from their capital. This means that they can keep any savings below £14,250 to use as they wish. The trust will pay the difference between the person's available income and their care costs.

Personal expenses allowance (PEA)

The person will always be allowed to keep a certain amount of protected income. This is income that can't be used to pay for care costs.

If a person is contributing to their care home fees, they must be left with a minimum amount of money for themselves each week. This is called the Personal expenses allowance (PEA).

In Northern Ireland, the 2024 Personal expenses allowance rate is **£30.44** weekly.

The person with dementia can spend this money as they wish. It is not a benefit, but the person's own income, made available to them. This can be used for anything they choose, such as newspapers, haircuts or clothing.

There are some circumstances where the trust may increase the PEA. For example, this may be the case if the person has an occupational pension being paid to them. They can keep half of this income to pass back to their spouse or civil partner who is still at home.

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3 Benefits

The trust will expect people to claim benefits they may be entitled to. They may offer support to help the person do this.

The financial assessment will include most benefits, such as those often claimed by people living with dementia – for example:

- Pension credit
- Employment and support allowance
- Universal credit.

Some benefits must not be taken into account in the financial assessment for care. This includes the mobility part of both Disability living allowance and Personal independence payment. Some other benefits, for example, the War widow's pension, should only be partially counted.

Report any changes of circumstances to the relevant department that looks after the benefit. Their contact details should be on any letters sent from them. This can avoid any overpayments. Changes can include moving into a care home, inheriting money, increasing care needs and stays in hospital.

Financial support and benefits

If the person receives financial support for the costs of care, this may affect their benefits. This depends on where the person with dementia receives care.

- If the person is receiving **care at home** and gets funding for homecare fees, this will not impact their eligibility for benefits.
- If the person is receiving **care in a care home**, their benefits may be affected. This will depend on who is paying the care home fees:
  - If the person is a self-funder and is paying for their care costs in full, they can still receive some benefits. This includes Attendance allowance or the Personal Independence payment daily living component. These can help towards paying care home fees.
  - If the trust are contributing towards the care fees, any benefits the person continues to receive will go towards the cost of care. This includes their State pension, or any benefits they claim as an income replacement. In these cases, the person must be left with their Personal expenses allowance (PEA). If someone receives funding help with care home fees, some benefits usually stop being paid after 28 days. An example would be Attendance allowance.

It may help to speak to the local welfare rights team or Make the Call service for a benefits check to find out whether financial help is available. Carers may also find this useful – in areas such as protecting their pension rights, for example. See 'Other useful organisations' on page 15 for contact details.

For more information visit www.nidirect.gov.uk/campaigns/guide-benefits

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4 Partners and property

The financial assessment should only take into account the finances of the person who needs care. The trust has no power to take any joint resources into account.

If the person has joint bank accounts or other assets held jointly, the assessment can only include the share belonging to them. It will be assumed that the person's share is half (50%) of these joint assets, unless they can show otherwise.

In some circumstances, a spouse may be expected to financially support their partner. This is known as 'Liability of Relatives'. There are strict rules around this and it is not implemented in most cases. Trusts must have a written policy with more detail.

A spouse should never experience hardship as a result of Liability of Relatives.

Deprivation of assets

A person may intentionally get rid of assets such as property or money to reduce the amount they need to pay for their care. This may be classed as a deliberate deprivation of assets. For example, this might be giving money away to someone else or transferring ownership of a property into someone else's name.

When the trust is deciding whether someone has intentionally reduced their assets for care fees, they will consider two key things:

- **The purpose** – avoiding the charge does not need to be the person's main reason but it must be a significant one.
- **The timing** – the timing of the disposal should be taken into account when considering the reason for the disposal.

If the trust think the person has deliberately reduced their assets, they may still include the value of those assets in the financial assessment. If another person has benefitted from the deprivation, they may be made responsible for covering the costs.

Home and property

A person's home may be included in the financial assessment. This depends on where the person with dementia is receiving care.

The value of the person's home is not counted in their financial assessment if they receive **care at home**. It should not be used when deciding their contribution towards the cost of this type of care.

The person may be **living in a care home**, but still own their own home. This may mean that their home can be included in the financial assessment.

There are some situations where this is not the case. This is when one of the following people who lives in the property will continue to live there after the person has moved into a care home:

- a husband, wife, partner or civil partner (this may include former partners if they are not estranged)
- a close relative over the age of 60
- a child who is dependent on the person entering residential care
- a relative who is disabled or 'incapacitated'.

> **In some cases, the person's house might also be the permanent home of someone who has been caring for them, such as a friend. For as long as the carer is living there, the trust can decide whether or not to include the value of the home in the assessment. This is more likely to apply in cases where the carer has given up their own home to care for the person with dementia. It is up to the trust if and when they will next review this decision.**

The value of the person's home should not be taken into account for the first 12 weeks they are living in the care home. This is called the '12-week property disregard'. This may mean that, during this time, the trust will pay or contribute towards the fees. This grace period can give people time to sell the home, or to speak to the trust about other options.

If the home is unlikely to sell within 12 weeks, the person should discuss their options with the trust. They may be able to enter into a deferred payment agreement (DPA). In this arrangement, the trust pay the person's care home fees for them. Then, when the person sells their home, they must repay the cost of the care home fees. However, there is no formal system for this in Northern Ireland.

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5 Choice of care home

The trust must offer a choice of homes that meet the person's needs. There is no set number of homes they must offer. The trust will have an upper limit (known as the 'usual rate' or 'standard rate') that they will pay for a care home.

Paying top-up fees for a more expensive care home

The person with dementia (or their carer, controller or attorney) might choose to stay in a more expensive care home.

In this instance, the trust may agree to part-fund the person's place in a more expensive care home. This can happen as long as a third party (such as a relative) agrees to pay the extra cost. This is often referred to as a 'top-up' fee.

Top-up agreements are made with the trust, who will have a contract with the home. This person paying enters into a written agreement with the trust. The agreement should explain what will happen should fees change, or the person can't pay the top-up in the future.

The trust must ensure that the third party is willing and able to pay. If the person stops paying the top-up fee, the trust may ask the resident to move to a different care home within the standard rate. This new home must meet the resident's assessed needs.

This move can be disruptive to a person with dementia. For this reason, the person paying must bear in mind how long they may have to pay the extra amount. Care home costs will also go up over time.

A trust should only offer a top-up arrangement when a more expensive home is chosen out of preference. It should never be requested if the only home that can meet the person's needs is more expensive than the standard rate.

Self-funding

If someone is paying their own care home fees in full, they can agree on the financial arrangements directly with the care home.

When making these arrangements, ensure that there is a contract that clearly explains:

- the home's obligations
- the fees
- the services included in the fees
- what may be charged as 'extras'
- how much notice will be given if fees increase.

A person with dementia may lack the mental capacity to make the arrangements with the care home. Their attorney under an Enduring power of attorney or their controller can do that on their behalf. If no one has been appointed, the trust must make these arrangements for the person. The person with dementia will still be charged for any care arranged.

Direct payments

If care is being funded by the HSC trust, a person can choose to receive this funding in the form of a direct payment. A direct payment is an amount of money the HSC trust give to someone to spend on meeting their own eligible care and support needs. This is intended to give greater choice and control over how eligible needs are met.

If the person refuses to pay care costs

The person's trust have a legal duty to meet their needs once those have been assessed. A person who does not have the mental capacity to decide about paying for their care may refuse to pay their care costs. In this case, the trust cannot withdraw the service. They should continue to meet the person's needs, while attempting to resolve any dispute. The trust would need to involve the attorney or controller if the person has one. If they don't, the trust may need to apply to become a controller themselves to access the person's finances.

Sometimes, the person does have mental capacity but refuses to pay. In this case, the trust still have a duty to meet the person's needs. This may be necessary if the person would be unsafe without support. The trust may pursue court action to recover any debt that the person owes.

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Complaints

The person with dementia or their carer may want to complain about a decision to do with the person's care. For example, they may disagree with a funding decision made by the trust.

The person must first try to resolve the complaint directly. This may be with the trust, NHS body, care home or care company. They should ask for the organisation's complaints procedure. If it isn't possible to resolve the complaint locally, the person may be able to take it to the relevant ombudsman. See 'Other useful organisations' on page 15 for contact details.

When making a complaint, it's important to have written records of all communication. This can help to show how agreements have been reached and decisions made. This may be between:

- the person with dementia or their attorney or controller, and
- the trust, care provider or NHS body.

In some cases, a solicitor may be needed. For example, this may happen if the complaint involves discrimination or interpretation of the law. People who qualify for legal aid may get help that is publicly funded. See www.nidirect.gov.uk/articles/legal-aid for more information.

Other useful organisations

The Association of Lifetime Lawyers
020 8234 6186 (9am–5pm Monday–Friday)
www.lifetimelawyers.org.uk

The Association of Lifetime Lawyers (formally Solicitors for the Elderly) is a not-for-profit organisation which provides information on accredited financial advisers who specialise in later life matters.

Make the Call Service
0800 232 1271
makethecall@dfcni.gov.uk
www.nidirect.gov.uk/contacts/make-call-service

The Make the Call service will carry out a benefit entitlement check and look at what benefits, supports and services may be available to you.

Northern Ireland Public Services Ombudsman
0800 34 34 24
nipso@nipso.org.uk
www.nipso.org.uk

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

Patient and Client Council
0800 917 0222 (helpline, 9am–4pm Monday-Friday)
info@pcc-ni.net
pcc-ni.net

The Patient and Client Council offers help and advice to someone making a complaint about health or social care services in Northern Ireland.

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Factsheet NI532
Last reviewed: July 2024
Next review due: July 2027

Our information is reviewed by people affected by dementia.

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

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**

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Together we are help & hope for everyone living with dementia

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