



REPOD

Rotarians Easing Problems of Dementia

Endorsed by the Rotary Club of Tavistock

CARING

for dementia

DEMENTIA CARERS' PATHWAYS

DAVID LIGHT and JIM DELVES

Foreword:

When working in the field of dementia one often meets dedicated carers who take on the role of looking after a loved one, tirelessly and without complaint, for many years.

One such carer is David Light, who cares for his wife Pam. David realised very early in his role as a carer that “Useful and local” help and information, although available, was often difficult to find.

David met Jim Delves, who is a former carer of his late wife, at a carers group meeting.

David and Jim discussed the possibility of working together to bring the information that had been gathered into the form of a document, which would benefit carers of people who have dementia. From this collaboration came the “Dementia Carers’ Pathways” which we hope will be of use to you as a carer.

The document is designed to bring you the local information you will find useful in your role as a carer. It has been organised into sections around important details you will need to know along your pathway.

It is important that you do not allow the information to overwhelm you by trying to absorb it all at once. We recommend that you refer to the “Dementia Carers’ Pathways” when you have a specific problem or have a subject that you wish to know more about. The document is designed to direct you to an organisation where you will be able to find the information you require.

It is our desire that we develop the “Dementia Carers’ Pathways” as time progresses. Your opinions and comments would therefore be welcome to help us in keeping this information up to date.

To contact us, please use the [mail facility](#) found at our web site.

Using this guide:

Disclaimer

This guide is provided for you to use on an **as-is** basis and whilst some of its content, where appropriate, has been checked for accuracy by a legally qualified person, none of its content should be taken as a reason to take, or not, any specific action.

Always consult a qualified professional about your own particular set of circumstances.

The inclusion of an organization or service provider in appendix 2 is there for your information and does not constitute any kind of endorsement.

The guide's make up

The guide itself consists of three main areas. The main body of the guide which is divided into a number of sections, an appendix 1 which is a reference to nationally available leaflets, etc. and an appendix 2 which is reference data, both national and that relevant to your particular geographic region or local government area.

The information contained in appendix 2 is extracted from the REPoD web site database and is reliant on data entered by Rotarians around the UK. If you are aware of any information that could / should be included in this database, then please contact your local Rotary Club.

Note: Appendix 2 is generated as a separate document. If you are missing this part, you can generate and download it by going to the REPoD web site (www.repod.org.uk/)

Record sheets

In addition, a number of record sheets have been devised which can be printed / downloaded from the REPoD web site (www.repod.org.uk). These record sheets are referred to within the main body of the guide and it cannot be stressed too highly the importance of completing them and keeping them in a safe but readily accessible place.

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Section 1: Diagnosis and Understanding Dementia

Diagnosis

Because you are reading this, you or someone you care for, will have had a clear and early diagnosis of an illness which might lead to dementia. The importance of an early diagnosis cannot be over emphasised.

An early diagnosis is essential to:-

- Access advice, information and support from social services, voluntary agencies and support groups.
- Allow the person with dementia to plan and make arrangements for the future.
- Identify the type of dementia. This is becoming increasingly important as drugs for treating different conditions become available.

A doctor should have eliminated any physical causes, which might mimic a symptom of dementia. These could include a urinary tract infection, chest infection, substance abuse (drugs or alcohol) or mental health conditions such as severe depression.

During the course of dementia your main point of contact for NHS help and support will be your doctor (GP), who will be able to help you access a range of services, including specialist community services that provide individual assessment, interventions and support, including memory clinics.

You will find extensive references to other services throughout this pathway.

Understanding dementia

Although the term dementia is widely used, technically it does not describe an actual illness. It describes a set of symptoms, which might be brought about by one or more illnesses, which might affect the brain. These symptoms might involve significant short-term memory loss, disorientation or mood swings.

Unfortunately dementia is progressive and currently there is no positive cure. Drugs are constantly being developed to modify the symptoms. How fast dementia progresses will depend upon the individual. Each person is unique and the course of their dementia will take an individual pathway.

Research has shown that the three main types of illness which may lead to dementia are:-

Alzheimer's disease

Alzheimer's disease, first described by the German neurologist Alois Alzheimer, is a physical disease affecting the brain. During the course of the disease 'plaques' and 'tangles' develop in the structure of the brain, leading to the death of brain cells.

We also know that people with Alzheimer's have a shortage of some important chemicals in the brain. These chemicals are involved with the transmission of messages within the brain. Alzheimer's is a progressive disease, which means that gradually, over time, more parts of the brain are damaged. As this happens, the symptoms become more severe.

Vascular dementia

To be healthy and function properly, the brain cells need a good supply of blood. The blood is delivered through a network of blood vessels called the vascular system. If the vascular system within the brain becomes damaged and the blood cannot reach the brain cells they will eventually die. This can lead to the onset of vascular dementia.

There are a number of conditions that can cause or increase damage to the vascular system. These include high blood pressure, heart problems, high cholesterol and diabetes. It is therefore important that these conditions are identified and treated at the earliest opportunity.

Dementia with Lewy bodies

Dementia with lewy bodies is a progressive disease. This means that over time the symptoms will become worse. In general, Dementia with Lewy bodies progresses at about the same rate as Alzheimer's disease, typically over several years.

People with Dementia with Lewy bodies will typically have some symptoms of Alzheimer's and Parkinson's disease.

- They often experience the memory loss, spatial disorientation and communication difficulties associated with Alzheimer's and Parkinson's diseases.
- They may also develop the symptoms of Parkinson's disease, including slowness, muscle stiffness, trembling of the limbs, a tendency to shuffle when walking, loss of facial expression and changes in the strength and tone of the voice.

There are also symptoms that are characteristic of Dementia with Lewy bodies. People may;

- Find that their abilities fluctuate daily, even hourly.
- Faint, fall or have 'funny turns'.
- Experience detailed and convincing visual hallucinations, often of people or animals.
- Fall asleep very easily by day and have restless disturbed nights with confusion, nightmares and hallucinations.

Accepting help

It is not unknown for carers to refuse help in the early stages of an illness. It is vital to accept the help and support you will need as time progresses. By accepting help you will know that you are not alone.

Your local Community Mental Health Service is a vital link where workers from a range of professional backgrounds will be able to help with practical problems and provide advice to people who use services and carers. Their role is to provide community interventions where practicable, to help people stay in their own homes.

Obtain information, factsheets and leaflets from:-

Alzheimer's Society

- 400 What is dementia?
- 401 What is Alzheimer's disease?
- 402 What is Vascular dementia?
- 403 What is dementia with Lewy bodies
- 404 What is Fronto-temporal dementia (including Pick's disease)?
- 426 Diagnosis and assessment
- 436 MMSE: a guide for people with dementia and their carers
- 440 Younger people with dementia
- 444 Depression
- 518 What if I have dementia? (**THIS FACTSHEET IS IMPORTANT TO READ**)
- 524 Understanding and respecting the person with dementia
- 526 Coping with memory loss

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 2: General Information

Important personal information

To assist you on your pathway, record sheets are available to download from the REPoD web site (www.repod.org.uk), to record the following information:-

- Emergency telephone contact numbers, leave by the telephone for sitters etc.
- Your own quick reference telephone numbers
- A record of all telephone calls, dates, organizations, what was said and the name of the contact. (This may be invaluable at a later date)
- A record of the cared for person's medical treatment. (This may be invaluable at a later date)

If you and the cared for person use a mobile telephone, enter your IN CASE OF EMERGENCY (ICE) telephones in the 'address book', numbering ICE 1, ICE 2, ETC., in order of your preference. Emergency services personnel will always look for entries under this entry.

Put emergency contact names, telephone numbers for the cared for person in their handbag, wallet or pocket in case they wander off.

See also the Emergency Response Card in Section 3.

Message in a bottle

The system works by storing the cared for person's details in a clearly labelled plastic bottle, which is kept in their refrigerator and in the glove box of their vehicle. Matching labels, known to the emergency services, are displayed in their house, on the outside of their refrigerator door and on the inside of their front door, placed so it is not visible from outside. The label is also displayed on the dashboard of their vehicle.

This ensures that the essential information is readily available to the emergency services should the cared for person suffer an accident, sudden illness or is involved in a fire. Vital information is available, not only to identify them but also to advise on relevant illnesses, allergies, medication and emergency contact addresses.

Obtain the message bottle from your doctor's surgery, pharmacy, Age Concern, Neighbourhood Watch, Council Offices or telephone your local Lions club.

Managing your medicines

Use a tablet dispensing container (memory aid container) to help you to remember when to give prescribed medication. Containers are available to cover a week, either, twice a day, morning and evening, or four times a day, morning, lunchtime, teatime and evening. The container is refilled once a week. Tablet dispensing containers are available at your pharmacist. It is very important to make sure that you put the right medicines in the correct compartment of the container. If necessary keep all medicines out of reach of the cared for person in a cupboard or under lock and key.

Under certain circumstances, dispensing chemists will provide medicines, weekly, in the form of a fully labelled 'blister pack'. This helps to avoid any under or overtaking of medicines.

Maintaining a daily routine

It is important that you try to maintain a sense of routine and continuity for the cared for person and, if possible, that they have an awareness of this. For example, regular meal times etc. A list of the day's activities for the cared for person, is very useful in helping to maintain contact with day-to-day life. This is easily achieved by means of a white board or a written list in a known position, for example, in the kitchen.

Book of my life

Make a 'Book of my Life', for the cared for person. The purpose of the book is to give information of life experiences, relationships, preferences and unique personality of the cared for person that will be available to inform staff in hospitals or care settings. It should contain information about their date of birth, schools (where and when), family photos (now and in the past), employment, memories, likes and dislikes, their dietary needs, daily and weekly routines, habits, interests and hobbies. The list is endless, put in your own ideas.

Memory Box

A suitable metal, wooden or cardboard box can be used. Items from the past of the cared for person can act as a memory aid. The items can show who the person is and what they have achieved in their life. Anything with a personal memory that will stimulate them and that they can relate to is ideal. Objects from the past, family heirlooms, household or personal items with a sentimental value, photographs, medals. Do not include anything sharp or pointed. Add items to the box as time progresses.

Sources of information

The following three publications are very informative and well worth reading:-

- Who Cares?
Can be obtained free from the Department of Health Publication department
- Still Going Strong
Can be obtained free from the Mental Health Foundation Publication department
- Social Care Choosing the right service for you
Can be obtained free from the Commission for Social Care Inspection

Information leaflets

Obtain information leaflets from the racks at doctor's surgery's, hospitals and clinics. These leaflets are a good source of information on a range of conditions and services.

Additional sources of information can be found here:-

Appendix 1 (Factsheets & Leaflets)

Appendix 2 (National, Regional & Local Telephone numbers, Websites & Email addresses)

Social care

Contact your County Council or Unitary Authority. They are responsible for many social care services in your area and can be the single point of contact for information to access services about health and social care for adults, help for older people, vulnerable adults, their carers and the registered disabled.

Carers link or register

Contact your County Council or Unitary Authority. Becoming a member of your local Carers Link or another organization can provide you with possible access to the following:-

Free Carers information pack	Access to a Flexible Breaks grant
Benefits check	Emergency response card
Take-a-Break service	Training opportunities
Contact details for social or health care	Support groups.
Carers newsletters	Carers Link magazine
Assistance to attend your local carers' forum	

Registration of people with disabilities

Anyone who has a disability can apply to go on the register. Local concessions may be available. To find out more and to register, contact your local Social Services District Office.

There is no VAT payable for registered disabled people on certain goods and services. HM Revenue and Customs (HMRC) reference notice 701/7 gives information on relief for disabled people. For details contact HM Revenue and Customs.

Getting out and about:

Blue badge parking scheme

Contact your County Council or Unitary Authority. The Blue Badge parking scheme provides a national range of parking concessions for disabled people with severe mobility problems who have difficulty using public transport, who travel either as a driver or passenger in a vehicle. The badge belongs to the person, not the vehicle.

Discount parking

Contact your District Council or Unitary Authority. Residents, who are Blue Badge holders, may be entitled to discount parking in their local District Council car parks, if the cared for person meets certain criteria.

National Radar key

The National Radar key system offers independent access to toilets for people with disabilities. A Radar key for use with disabled toilets and a list of toilets for the disabled is available from your local District Council or Unitary Authority.

Mobility and disability aids

Check your local taxi companies for purpose built wheelchair access taxis.

Shop Mobility is a scheme which lends or hires manual wheelchairs, powered wheelchairs and powered scooters to members of the public with limited mobility, to shop and to visit leisure and commercial facilities within the town, city or shopping centre.

There are retail showrooms in the area that sell mobility and disability aids that will assist the cared for person in their day-to-day living. The aids available include:-

- Household items and kitchenware
- Wheelchairs and walking aids
- Bathing and toileting aids including incontinence care

- Pressure relief and positioning pillows and cushions

British Red Cross offers the following medical equipment to loan:-

- Walking aids Rollators, tri-walkers, walking frames and walking sticks
- Wheel chairs
- Toilet aids Commodes, toilet rails, raised toilet seats and grab rails
- Small aids Including jar openers, tap turners, peelers and plug pullers
- Bathroom aids Rivera and Bath-Wizard bath lifts and shower stools
- Daily living aids Riser/recliner chairs, overbed tables, trolleys and stools

Alarm systems

A Community Alarm is an easy to operate system in your home that connects the alarm base unit to an emergency response centre and can summon help immediately in an emergency. An alarm button to summon help is located on the base unit. A pendant can be worn around the neck or like a watch to summon help if you are away from the base unit, whether you are in the house or in the garden.

A Monitoring Alarm can be as simple as a baby alarm. More complicated alarms can be bought through a local equipment provider. Specialised alarms are available for people with sensory loss.

Possible sources of alarms are; your local Crime Prevention Officer, your District Council or Unitary Authority and private companies.

Telecare

A range of equipment can be added on to the basic community alarm system. Instead of relying on the client to press a button to summon help, sensors attached to pieces of equipment, for example, a movement sensor or a fall detector, will automatically alert the centre when a client has left their home or had a fall. This then allows an appropriate response to be provided to the client, often by carers or relatives.

For environmental risks - there are a range of detectors, such as smoke, carbon monoxide, natural gas and flood.

For personal risks - there are devices which monitor movement, falls, imminent epileptic seizures, night time incontinence, bed or chair occupancy, medication, exiting property, bogus caller/panic buttons and visual alert door access.

Contact your system provider for details.

Obtain information, factsheets and leaflets from:-

Local and regional government offices

Blue badge
Parking for blue badge holders
Registration of people with disabilities
Where to buy Radar keys

Alzheimer's Society

425 How the GP can help
454 How health professionals can help
465 Choices in care
471 Next steps

Help the Aged

Computers and the Internet (Getting started)
Housing Matters (Your housing choices)
Managing your Medicines (Taking medication safely)
Funeral Plan (Planning ahead to pay for a funeral)

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 3: Carer Support

As carers we are all on a similar pathway. The support of other carers is very comforting as they know and understand how you are feeling, and the emotions you are going through. We can all feel anger, worry, sadness, guilt, loneliness, isolation, confusion, longing for the past, wanting to turn the clock back. Unfortunately this is not possible, we must live for today, tomorrow and the future.

Have time for yourself by using the take a break scheme, day centres and have respite care for the cared for person, either in their own home, residential or nursing home.

Get to know the Key Worker or Care Manager responsible for the cared for person. They will be able to help you get practical help in your caring role.

Carers groups

You can join carers groups at doctors' surgeries, hospitals and clinics. Speak to other carers in the group and on the telephone. Sharing your experiences helps you both through difficult times.

Ask at doctors surgeries, hospitals, clinics, day centres and ask other carers for details of local carers groups.

A local carers support group can provide information, forums, events and services like advocacy and counselling.

You can also get information, support and confidential guidance by speaking to trained advisers on the Alzheimer's Society's dementia help line.

Memory café

A memory café is a drop in centre which is open on a regular basis to provide information for anyone who has, or is worried about, memory loss. Often, a qualified health professional will be in attendance for confidential, private consultation. The café provides information and support for you and the cared for person. They may be run independently or in conjunction with your County / Unitary Partnership NHS Trust

Take a break

As a member of the 'Take a Break' scheme, which provides short breaks for carers in people's own homes, you will be allocated 3 hours per week of the take a break service. These hours can be saved and used in blocks of up to 12 hours at any one time. Vouchers are used to administer the scheme. Every three months you will receive 39 vouchers in the post. Each voucher is equivalent to a one hour break. There is a nominal charge for each 1 hour voucher used. The voucher is only valid for the current three month period.

Emergency response card / Carer's Alert Card Scheme

The Emergency Response Card reads **ATTENTION:** I am a carer and someone depends on me. In an emergency, please phone the number below to summon help for the person I care for. The card only has a reference number on it. All personal details are held at a secure central database. The card is carried in your handbag or wallet.

Flexible break grant

The scheme is intended to be flexible and enable you to have a break that suites you. The grant can be used for holidays and trips, with or without the person you care for, personal development or the purchase of equipment to pursue hobbies and leisure activities.

Details of 'Take a break', the 'Emergency response card' and the 'Flexible grant scheme' can be obtained from your local Carers Link, County Council or Unitary Authority.

Respite care (short breaks)

Respite care gives people a chance to relax by having a break or taking a holiday. The care can be provided either at home or away from the home. Respite care is short-term care used as a temporary alternative to a persons usual care arrangements. It is important carers have regular breaks and make time for there own needs. Respite care may also be needed in other situations, the carer might have to go into hospital or have other important commitments.

Mentoring Service

A Community Mentoring Service can offer support and help if you are experiencing difficulties because of isolation, stress, depression or anxiety. A local coordinator will get in touch and arrange to visit you to find out how a community mentor can help. The mentor can point you in the direction of other organisations able to help you, and plan what you would like to achieve with the help of the service. As well as being open to carers, this service is also provided for people in the early stages of dementia.

Obtain information, factsheets and leaflets from:-

Local and regional government offices

Community Mentoring
Short-term breaks in residential or nursing homes
Take a break scheme for carers and adults

Alzheimer's Society

412 Voluntary organisations
445 Counselling: how can it help?
516 Dealing with guilt
523 Carers: looking after yourself

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 4: Looking After Yourself

Part of doing your best is looking after yourself and making time to relax is very important. If you try to continue day after day without a break, you invite stress and depression. Even a short period away from the routine can work wonders.

It is important to look after yourself when you are caring for someone with dementia, it can be all too easy to ignore your own needs and to forget that you matter as well.

If there is a day centre or sitting service in your area that will allow you to get out for a while, use it. When you feel the need for a longer rest, ask your doctor about respite care and be insistent. Do not be afraid to approach your friends and family for support, your role as a carer is exhausting. You are entitled to expect help.

There may be a local self help group you can join, this is a good idea, sharing and discussing your problems. You can learn how others deal with difficulties similar to your own.

Laugh and try to retain a sense of humour. Laugh with the cared for person. It helps to relieve a stressful situation. Remember there are funny times. We can laugh at the funny times, we are not laughing at our loved ones, we are laughing with them.

If the time comes when you can no longer cope, don't be too hard on yourself. If the cared for person needs to be admitted to hospital or residential care, this is not a sign of failure on your part. It is often the best and safest solution for all concerned.

Health matters

As a carer your health is important. If you become unwell and do not get help, you may be unable to continue looking after the person you care for. Take the time to consult your doctor about your own health. Simple treatments like having a 'Flu Jab', for example, could help you avoid illness.

Because of your caring role, do not ignore warning symptoms that might indicate a developing illness or a serious condition. Services can be put in place to support you even if you are compelled to have time away from your caring role.

Safety in the home

Staying safe whilst caring for someone with dementia is exhausting and as their ability to reason declines, potential hazards increase.

Be aware of risks in the home such as gas appliances, trailing wires, electrical equipment, low glass tables, loose rugs, medicines and bleach.

Make sure the cared for person is kept away from anything that might harm them.

Remember you cannot remove all hazards, but you can be vigilant and aware of new dangers that might develop. As long as you learn to look out for problems, you are doing all that can be expected.

The local Fire and Rescue Service will carry out a free home safety visit for the occupier, providing advice and guidance on their fire and home safety needs. They can also provide specialist alarms for people with hearing or sight impairment.

If you have safety concerns about water, electricity, gas appliances or other risks (e.g. gas or carbon monoxide leaks), contact your utility companies as they are able to offer specialist advice and support to mitigate any risks.

Diet

It is important to do what you can to make sure that the cared for person and yourself enjoy their food and eat a healthy balanced diet. As dementia progresses eating can become difficult for some people. By making a few changes you can help keep mealtimes as enjoyable and stress free as possible. Sometimes a person with dementia may eat more food than they need. If they are eating excessive amounts, try to limit their food intake to prevent them eating too much and becoming overweight. Contact the Doctor if you have any specific concerns about nutrition or other problems associated with eating for either the cared for person or yourself. If appropriate a specialist such as a Dietician, Occupational Therapist or Speech and Language Therapist can help.

Obtain information, factsheets and leaflets from:-

Local and regional government offices

- Adapting your home
- Are you safe at home?
- Bathing problems and simple solutions
- Equipment to help in the home
- Falls are no laughing matter
- Helping carers to pursue leisure, education, training and work
- Help with bathing and showering
- Help with meals
- Keeping well and safe at home
- Looking after your back
- Moving and handling

Alzheimer's Society

- 428 Adaptations, improvements and repairs to the house
- 429 Equipment to help with disability
- 462 Respite care
- 502 Coping with incontinence
- 503 Safety at home
- 504 Washing and bathing
- 511 Eating
- 512 Pressure sores
- 522 Staying healthy
- 523 Carers: looking after yourself

Help the Aged

- Bladder and Bowel Weakness (Managing incontinence)
- Elder Abuse (What it is and how to stop it)
- Fire (Preventing fires in the home)
- Healthy Bones (Caring for your bones)
- Healthy Eating (Maintaining a healthy diet)

Help in the Home	(Getting support and care at home)
Keeping Mobile	(Staying active and independent)
Keep out the Cold	(Staying warm this winter)
Staying Steady	(Improving your strength and balance)
Your Safety	(Preventing accidents in the home)
Your Security	(Personal safety at home and in the street)

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 5: Carers Rights and Assessments

Who is a carer?

A carer is someone of any age who provides, unpaid, a substantial amount of care on a regular basis for a parent, partner, relative or friend of any age who is ill, frail or disabled (mentally or physically).

The Carer's (Equal Opportunities) Act 2004

The Carer's (Equal Opportunities) Act 2004 places a legal duty on local authorities to inform carers of their right to an assessment of their needs in their caring role. When they carry out that assessment, they will also have a legal duty to consider any work, study and leisure interests that a carer may have.

You have a right to a Carer's Assessment if you are over 16 and provide, or intend to provide, regular and substantial care to someone over 18. The Carer's Assessment should look at whether you wish to continue caring and your needs. This is not an assessment of how good you are at caring, but is about the support that may be available to help you in your role as a carer.

You can ask for an assessment from your Care Trust regardless of whether the person you care for receives services from that Care Trust. Under the Act, carers are entitled to services in their own right. These services are defined as anything that promotes the health and well-being of the carers. The help can range from driving lessons, counselling and information and advice. The Care Trust is able to charge carers for some of the services they receive.

If an assessment concludes that services are required, these must be provided. Such services may include aids and adaptations to the home, meals on wheels, home care, respite schemes, care, residential and nursing care.

To request a 'carers assessment', call your County Council or Unitary Authority.

Hospital discharge

Hospital discharge is the term used when a person leaves hospital once they are sufficiently recovered.

People with dementia usually need further long term help after leaving hospital. Some people with dementia move into a care home. Others need support in their own home or in the home of a relative or friend.

Before a person is discharged, their needs must be assessed so that any support or care services that they need can be arranged before the person leaves hospital. Any organisations that will be providing these services must be made aware of when the person is due to be discharged.

The person with dementia, and any relative or friend should be fully involved in this assessment. It might also involve the person's consultant, nursing and ward staff, physiotherapists, occupational therapists and social worker.

Obtain information, factsheets and leaflets from:-

Local and regional government offices

Assessment and fair access to care
Carers assessment
Carers Equal Opportunities Act 2004
Charges for day care and enabling services
Do you need day services?
How much we pay for your community based care
What are direct payments

Alzheimer's Society

418 Community care assessment
453 Hospital discharge
472 Direct payments

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 6: Carer Training

As a carer you need information to understand what causes dementia, also advice and support on problems facing the cared for person and the carer in the future. Carers training courses are designed to do this in a very informative and relaxed environment.

A carers training course can be arranged by contacting St John Ambulance, Carers Support Programme.

A carers training course is a source of valuable information for you now, and what you will encounter in the future. On the training courses, as a group, carers are a great source of information, sharing their experiences with each other.

Courses will cover such topics as:-

- Basic first aid
- Behaviour problems
- Benefits and allowances
- Communication strategies
- Coping with dementia
- Legal issues
- Looking after yourself
- Managing incontinence
- Preventing falls
- Safer moving and handling
- Stress management
- What causes dementia
- What support is available for the cared for and carer

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

***IT IS NEVER TOO EARLY TO ATTEND
A CARERS TRAINING COURSE***

BOOK IT NOW

Section 7: Financial and Legal Implications

IT IS VERY IMPORTANT TO ARRANGE THE FINANCIAL AFFAIRS FOR THE CARED FOR PERSON AND YOURSELF BEFORE IT IS TOO LATE

Wills

Everyone should make a will. A will ensures that when a person dies, their money and possessions go to the people of their choice. People with dementia who wish to make a will or change their will should seek legal advice from a solicitor as soon as possible. This is because there may be issues about that person's capacity and special arrangements may have to be made. It is important that parents make a will safeguarding their children's financial interests if they are no longer able to do so themselves.

Setting up a trust

If the person with dementia has investments, property or savings, they can set up a Trust to ensure that these assets are managed in their chosen way. To do this the person must be able to convey their wishes clearly. A Trust is a very powerful legal document giving that person authority to deal with your financial affairs. It is wise to take advice from your solicitor on your choice of Attorney(s) to ensure that they act on your behalf in your best interests. You can also in a similar way appoint someone to make decisions about health and personal welfare. A parent needs to set up a trust to safeguard the interests of their child in the event that they can no longer do it themselves.

Enduring Power of Attorney (EPA)

Before October 2007 people could grant an Enduring Power of Attorney (EPA) to one or more trusted person(s) attorney(s), provided that both the donor of the power and the attorney(s) signed the document prior to 1st October 2007. Any EPA remains valid whether or not it has been registered at the Court of Protection.

An EPA can be used while you still have mental capacity, provided you consent to its use. If you start to lose the mental capacity to manage your finances, your attorney(s) are under a duty (under certain circumstances) to register your EPA with the Office of the Public Guardian (OPG). While the registration is being processed, your attorney(s) can use your finances for essentials on your behalf such as paying for food or payment of regular bills. However, they will not be able to deal with larger transactions such as the sale of your house until the EPA has been registered.

Lasting Power of Attorney (LPA), Property and Affairs

Anyone who has been diagnosed with dementia, who has not made a Property and Affairs LPA, who owns property, investments or has an income other than benefits, should make one. An LPA gives the attorney(s) the legal right to act on a person's behalf when they are no longer able to act for themselves. It is a very powerful legal document giving that person(s) absolute control over all your financial affairs. It is in your best interest to appoint two people plus your solicitor to act on your behalf as attorney(s). It can only be used once it has been registered at the Office of the Public Guardian (OPG).

Lasting Power of Attorney (LPA), Personal Welfare

Anyone who is worried that they may develop dementia in the future, or have been diagnosed with dementia and is concerned about how decisions regarding their medical treatment might be made, when they lose the ability to decide for themselves, should consider making a Personal Welfare LPA. They may fear that life sustaining or life-prolonging treatments would be provided long after they were able to achieve a level of recovery, length of life or quality of life that the person would at present consider to be acceptable or tolerable.

Because a Personal Welfare LPA (advance decision/living will) concerns health care, you should consult your General Practitioner (GP) and solicitor before drafting and signing. Once enacted, your chosen attorney(s) are allowed to make decisions about your personal welfare. It can only be used after it has been registered at the Office of the Public Guardian (OPG) and you have become mentally incapable of making decisions about your own welfare.

Court of Protection

The Court of Protection is a Court which can direct how a person's finances should be dealt with if there are issues about mental capacity. The Court acts under very strict rules. It has wide sweeping powers which can sometimes prove restrictive for those appointed by them to act for a person who has lost capacity to deal with their financial affairs. If no EPA or LPA exists the Court of Protection is a last resort giving a court the power to appoint a deputy to act on the cared for persons financial behalf. It can freeze joint bank accounts causing great inconvenience to other persons. There is an initial charge, plus a yearly charge to audit the accounts. Every penny received and paid out must be accounted for, backed up by receipts. It is very important to have all the person's affairs in order well before this stage.

The Mental Health Act 2007

The Mental Health Act 2007 deals with people who are medically assessed as having a 'mental disorder'. If a person is thought to be at risk to themselves or to others, or if it is felt that their health is at risk, they can be detained in hospital under the act. A person can only be detained following an assessment by a minimum of two approved mental health professionals, a doctor who has received special training and a registered medical practitioner. People have different reactions to the Mental Health Act, and to the idea of detaining people under the act. Some feel that a person with dementia should be detained under the act, if necessary, and taken into hospital for assessment. Others would prefer it if a person could only be taken to hospital as a voluntary patient.

Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who are aged 16 and over who lack, or may lack, capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problem.

The main purpose of the act is to clarify and reform the current common law provisions which govern the ways in which people can and should deal with those people who lack decision making capacity. It is supplemented by new statutory schemes for advanced decision making and court-based resolution of disputes or difficulties. The act covers decisions relating to an individual's property and financial affairs, together with decisions regarding health care treatment and more everyday decisions such as personal care.

Deprivation of Liberty (DOL) Safeguards 2009

As part of the Mental Capacity Act, DOL Safeguards are now in place for people in hospitals and care homes who lack capacity or who can't make their own decisions about their care. A DOL authorisation must be obtained where people need to have their liberty taken away from them in order to receive care and/or treatment that is in their best interests and that protects them from harm. It is the responsibility of the local Primary Care Trust (for hospitals) or Local Authority (for care homes) to ensure appropriate assessments and reviews are in place.

Obtain information, factsheets and leaflets from:-

Alzheimer's Society

- 459 The Mental Health Act 2007 and Guardianship
- 460 Mental Capacity Act 2005
- 463 Advance decision
- 467 Financial and legal tips
- 472 Enduring power of attorney and lasting power of attorney and receivership
- 475 Frequently asked legal questions

Local and regional government offices

Safeguarding adults from abuse

Help the Aged

Making a Will (Understanding the process)

Department of Health

Mental Capacity Act and Deprivation of Liberty Information/Leaflets

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 8: Benefits

CHECK THAT ALL BENEFITS ARE BEING CLAIMED. IT IS MOST IMPORTANT YOU ARE BOTH ASSESSED FOR BENEFIT ENTITLEMENTS NOW

The cared for person and the carer need to be assessed for any benefits they are entitled to receive. Take advice on all the financial aspects of this step with your local Financial and Benefit Team (FAB). If the cared for person is very ill, ask to be assessed for Continuing Care.

Do not be pushed into a decision before you undertake all the financial implications of the move.

To make a claim for a possible benefit, telephone your local pensions office for an appointment to see a customer liaison manager. An appointment can be made with a customer liaison manager to have a home visit. Telephone the Pension Service (Benefits agency)

Possible benefits to claim are:-

Attendance allowance	Carer's allowance	Incapacity benefit
Council tax benefit	Housing benefit	Disability living allowance
Severe disablement allowance	Pension credit	Retirement pension
Winter fuel payment	Warm front grants	Widow's benefit
Bereavement benefit		

Direct payments

These are payments made to individuals by the Social Service Department to enable the cared for person to buy assessed services and provide money to pay for social care services. This gives the cared for person greater choice and control over their lives. It enables them to make their own decisions about how their care is delivered. You can also receive direct payments if you are a carer who has been assessed as needing support in your own right.

Benefit checks

Several organizations offer free confidential, impartial and independent advice at local drop in centres. Providing information on benefits entitlement, advocacy and support to claimants, assisting them to maximize benefit income. Help with form filling. A home visiting service is available

Appointee

When the cared for person with dementia eventually becomes unable to manage the income from their benefits, someone will need to be appointed, known as an appointee, to administer this income in the cared for person's best interest. Ensuring that all benefits are claimed and to pay every day living expenses.

Wherever possible, the appointee should be a close relative who either lives with the person with dementia or visits them frequently. In certain circumstances the appointee might be a friend, neighbour or caring professional, it must be someone who can be trusted. Sometimes it is better to have a formal appointment, depending on the individual circumstances, under a Lasting Power of Attorney or through the Court of Protection. You can only be an appointee if a court of law or a government department has appointed you to act on someone else's behalf.

You are an appointee if you have been appointed to act for the cared for person - called a claimant - by one or more of the following:-

- The Department for Works and Pensions (DWP).
- HM Revenue and Customs (HRMC).
- The Department for Social Development (DSD) in Northern Ireland.
- A court of law.

Obtain information, factsheets and leaflets from:-

Local and regional government offices

An easy guide to direct payments
Attendance allowance
Completing an attendance allowance form
Carers allowance
Council tax benefit
Direct payments
Disability living allowance
Pension credit
Single assessment process(SAP)
What is a review?

Alzheimer's Society

413 Benefits
414 Council tax
431 Benefits rates and income / saving thresholds

Help the Aged

Can You Claim It	(Claiming pension credit and other benefits)
Check your Tax	(Working out your income tax)
Claiming Disability Benefits	(Financial help if you are sick or disabled)
Questions on Pensions	(Claiming state retirement pension)
Thinking about Money	(Budgeting, saving and managing debt)

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 9: Understanding Domiciliary Care

Domiciliary care, sometimes known as home help or home care, covers a number of different services available to the cared for person in their own home, and is provided so they remain as independent as possible. Domiciliary care agencies have to be registered by the Care Quality Commission (CQC), the same organisation that regulates care homes.

You may need help for a short time until you can manage for yourself, or sometimes on a more permanent basis. In most cases the person wants to stay in their own home, and the service aims to help them do just that.

Adult and Community Services will carry out an assessment of the needs of the cared for person. This help could involve washing and dressing in the mornings, undressing and putting to bed in the evenings, supervising the administration of medication and preparation of meals. They will also be financially assessed to see if they will need to make a financial contribution towards the cost of any services.

Domiciliary care can be arranged by contacting your social worker or Key Worker/Care Manager. This service is provided by a private company and funded by social services within certain financial guidelines.

To access domiciliary care call your local District Council or Unitary Authority.

Shopping and housework are also undertaken, but must be paid for separately.

Obtain information factsheets and leaflets from:-

Local and regional government offices

Domiciliary care services and how they can be arranged

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 10: Understanding Residential Care

Some carers decide that, come what may, they will try to continue looking after the cared for person in the home environment. It is not unknown for substantial support packages to be put into place and even 'continuing care' to be awarded in these cases. Remember, to keep the cared for person at home is your choice.

In many carers lives however, there comes a time when they realise that, despite how hard they try, looking after a cared for person at home is no longer an option. Sometimes this point is reached after the carer themselves have been ill or after a period when the cared for person has been either in hospital or intermediate care. At this point there may have been a deterioration in the health, mobility or skills of the cared for person making caring in the home environment almost impracticable.

If this point has been reached, the cared for person will be assessed by a professional health worker and advice given on the type of care home that should be chosen. This will largely depend upon the health and / or the behavioural traits of the cared for person.

To place the cared for person, into a home might be very difficult. One cannot prepare for the feelings of loss, failure, guilt, and lack of purpose that may come flooding to the surface. Many carers find this step to be the most painful and difficult to take.

Take heart however, many also find that once the cared for person is settled, visiting often achieves quality time together without the daily work associated with caring.

There are three main types of care homes:-

- Residential Care Home

Provides support as if you are in your own home, and help with personal care such as getting up and going to bed, washing, dressing and going to the toilet.

- Nursing Care Home

Provides care for people with complex needs who require the skills of a qualified nurse. They are required by law to have a qualified nurse on duty 24 hours a day.

- Nursing Care Home (EMI / EMD registered)

For cared for persons who are very ill, a category of nursing home exists which will have the necessary skills of qualified nursing staff but additionally have the skills to cope with more challenging behaviours. These are known as nursing homes for the Elderly Mentally Infirm (EMI) or Elderly Mentally Disordered (EMD).

Your care manager / key worker will have a list of care homes that are approved by the local health authority and will assist you in this step. Do not be bullied into moving the cared for person, take advice on the care homes and visit as many as you wish before choosing one.

To be registered all care homes have to be inspected by the Care Quality Commission (CQC) and if you have access to the internet, you will be able to find the latest inspection reports for any particular care home.

As the carer you become the voice of the cared for person so you should be happy that the home you choose is the one that you feel most comfortable and safe with and that it is the best option for the cared for person.

Take advice on all the financial aspects of this step, with your local Financial and Benefit (FAB) team. Ask to be assessed for continuing care if the cared for person is very ill. This is where your record of medical treatment and incidence will serve you well.

Do not be pushed or bullied into a decision before you understand all the financial implications of the move.

Choose your care home very carefully. Make sure it meets the cared for persons needs. The home should aim to give the cared for person as much choice and independence as possible. Ask about the room. Is it single, shared or en suite? Does the home provide varied meals, allow pets, telephone in room, arrange trips out, your own doctor, religious worship, activities and entertainment? Ask about their attitude towards the use of drugs.

Most care homes produce a brochure. This will tell you what services are available, and if the cared for person will have to pay for them out of their personal allowances.

Obtain information, factsheets and leaflets from:-

Local and regional government offices

- Charges for residential and nursing care
- Moving into a care home
- Paying for residential care
- What to look for in a care home

Alzheimer's Society

- 451 What standards of care can people expect from a care home
- 452 Assessment for NHS-funded nursing care
- 468 Paying care home fees
- 469 When does the local authority pay for care
- 476 Selecting a care home

Help the Aged

- Care homes (Finding and paying for a care home)

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 11: Counselling

When someone close to you has developed dementia, you are likely to experience feelings of grief and bereavement, not only in the period after their death, but also as the illness progresses before they die. It may help to know that such feelings are normal and that other people experience similar reactions.

Carers groups are a great source of comfort. Other carers understand how you feel as they are going through or have been through the same emotions as you.

Knowing what to expect when someone nears the end of life is vitally important, both for the person who is ill and for their family and friends. Nothing can heal the deep feelings of pain and loss. Having information can help you to prepare for the physical and emotional changes that you might be experiencing.

Palliative care

The NHS is responsible for providing care for anyone in the final stages of a terminal illness (called 'palliative care') free of charge. Palliative care services are intended to keep people comfortable and ensure that they have the best quality of life possible. If someone does not have long to live, they should not have to leave hospital accommodation unless they wish to do so. The accommodation might be in a hospice rather than a hospital, or the person might choose palliative care in their own home.

The following organizations can supply information you will find very useful:-

Age Concern supply factsheets and offer free advice and support in times of bereavement.

Alzheimer's Society supply factsheets, books, information and support through local branches of the society.

Citizens Advice Bureau (CAB) supply factsheets and offers help to people to resolve their money, benefits, legal and other problems in times of bereavement by providing free advice and information.

Cruse Bereavement Care provides help, support, advice, counselling and information on practical matters at local branches to anyone who has been bereaved.

Samaritans are ordinary people from all walks of life who offer a sympathetic listening ear, provide confidential and emotional support to anyone of all ages going through crisis and are available 24 hours a day, 365 days a year (calls charged at local rate).

Obtain information factsheets and leaflets from:-

Local and regional government offices

Coping with a major personal crisis

Alzheimer's Society

507 Grief and bereavement

Help the Aged

Bereavement (Coping with a death)

For further details see Appendix 1 (Factsheets), Appendix 2 (Telephone numbers, etc.)

Section 12: Medical Glossary of Terms and Abbreviations

ACUTE UNIT	A mental health hospital unit for patients who have emergency, severe and/or challenging needs that require treatment that cannot be provided in a less intensive local setting
AMHP	Approved Mental Health Practitioner (Previously known as Approved Social Worker - ASW)
CAP	Community Alternative Programme
CARE MANAGER	Usually a social worker to oversee funding of the patient
CT or CAT SCAN	Computerised Axial Tomography
CJD	Creutzfeldt-Jakob disease
CMHS (OP)	Community Mental Health Services for Older People
CMHT	Community Mental Health Team, health and social services staff based at CMHC
CMO	Community Medical Officer
CONSULTANT	Psychiatrist-in-charge
CPA	Care Programme Approach, agreeing an individualised care plan (You might hear this called a person centred plan)
CPN	Community Psychiatric Nurse
CSW	Care Support Worker
DAY TREATMENT UNIT	Acts as a day treatment hospital and out patient department
DLB	Dementia with Lewy Bodies
ECG	Electro Cardiograph
ECR	Extra Contractual Referral is the term used for referring a patient to a specialist centre in another area
ECT	Electro Convulsive Therapy
EMD	Elderly Mental Disorder
EMI	Elderly Mentally Infirm
GP	General Practitioner (Family Doctor)
ICT	Intensive Community Treatment
KEY WORKER	Care co-ordinator. Could be GP, OT or CPN
MCI	Mild Cognitive Impairment
MDF	Manic Depression Fellowship
MIND	National mental health charity
MMSE	Mini Mental State Examination
MND	Motor Neurone Disease
MRI SCAN	Magnetic Resonance Imaging
MS	Multiple Sclerosis
NSF (1)	National Schizophrenia Fellowship
NSF (2)	National Service Framework
NHS	National Health Service
OCD	Obsessional Compulsive Disorder
OT	Occupational Therapist
PALS	Devon Partnership NHS Trust, Patient Advice & Liaison Service
PCT	Primary Care Trust
PET SCAN	Position Emission Tomography
PICU	Psychiatric Intensive Care Unit
PSP	Progressive Supranuclear Palsy
PTSS	Post Traumatic Stress Syndrome
RMN	Registered Mental Health Nurse
RMO	Responsible Medical Officer (usually the consultant)
SANE	Mental health charity

SHO	Senior House Officer (Hospital Doctor)
SOAD	Second Opinion Appointed Doctor, from the Mental Health Commission
SPECT SCAN	Single Photon Emission Computerised Tomography
SW	Social Worker
UNIT	Ward or outpatient facility

If any of the definitions are unclear to you, please discuss them with a medical professional.

Non-medical Glossary of Terms and Abbreviations

AA	Attendance Allowance
ADW	Advanced Decision Will. (Formerly called a Living Will)
BEL	Benefits Enquiry Line
CAB	Citizens Advice Bureau
CRUSE	National Charity for Bereavement
CQC	Care Quality Commission
CSCI	Commission for Social Care Inspection (Now replaced by CQC)
DCP	Dementia Carers' Pathways
DOL	Deprivation of Liberty
DFG	Disabled Facilities Grant
DLA	Disability Living Allowance
DSD	Department for Social Development in Northern Ireland
DVLA	Driver and Vehicle Licensing Authority
DWP	Department of Works and Pensions
EPA	Enduring Powers of Attorney
FAB	Financial and Benefits Team
ICE	In Case of Emergency
ICAS	Independent Complaints Advocacy Service
LPA	Lasting Powers of Attorney
HMRC	HM Revenue and Customs
OPG	Office of the Public Guardian
SAP	Single Assessment Process

Appendix 1: Factsheets and Leaflets

Age Concern

- FS1 Help with heating costs
- FS2 Buying retirement housing
- FS3 Television licence concessions
- FS4 Your rights at work
- FS5 Dental care
- FS6 Finding help at home
- FS7 Making a will
- FS8 Looking for rented housing
- FS9 Noise and neighbour nuisance, what you can do
- FS10 Local authority charging procedures for care homes
- FS11 Help with looking for work or starting your own business
- FS12 Raising income or capital from your home
- FS13 Older homeowners: financial help with repairs and adaptations
- FS14 Dealing with someone's estate
- FS15 Income tax
- FS17 Housing Benefit and Council Tax Benefit
- FS18 A brief guide to money benefits
- FS19 The State Pension
- FS20 NHS continuing health care, NHS-funded nursing care and intermediate care
- FS21 Council Tax
- FS22 Arranging for others to make decisions about your finances or welfare
- FS23 Help with continence
- FS24 Direct payments from social services
- FS26 Travel and transport
- FS27 Planning for a funeral
- FS29 Finding care home accommodation
- FS30 Leisure and learning
- FS32 Disability and aging: your rights to social services
- FS33 Crime prevention for older people
- FS34 Attendance Allowance and Disability Allowance
- FS35 Tenants' rights
- FS37 Hospital discharge arrangements
- FS38 Treatment of the former home as capital for people in care homes
- FS39 Paying for care in a care home if you have a partner
- FS40 Transfer of assets and paying for care in a care home
- FS41 Local authority assessments for community care services
- FS42 Disability equipment and how to get it
- FS43 Getting legal advice
- FS44 NHS services
- FS45 Staying healthy in later life
- FS46 Paying for care and support at home
- FS48 Pension Credit
- FS49 Social Fund and other sources of financial help
- FS50 Housing options

Alzheimer's Society

- 428 Adaptations, improvements and repairs to the home
- 463 Advance decision
- 471 After a diagnosis
- 406 Aluminium and Alzheimer's disease
- 450 Am I at risk of developing dementia?
- 452 Assessments for NHS-funded nursing care
- 437 Assistive technology
- 413 Benefits
- 431 Benefit rates and income/savings thresholds
- 410 Brain tissue donations
- 477 Care on a hospital ward
- 523 Carers: looking after yourself
- 465 Choices in care
- 500 Communicating
- 418 Community care assessment
- 434 Complementary and alternative medicine and dementia
- 502 Coping with incontinence
- 526 Coping with memory loss
- 414 Council tax
- 445 Counselling: how can it help?
- 509 Dealing with aggressive behaviour
- 516 Dealing with guilt
- 515 Dementia and children or young people
- 408 Dementia drugs to relieve behavioural symptoms
- 448 Dental care and dementia
- 444 Depression
- 426 Diagnosis and assessment
- 473 Direct payments
- 510 Dressing
- 439 Driving and dementia
- 407 Drug treatments for Alzheimer's disease: Aricept, Exelon, Remylnyl and Ebixa
- 511 Eating
- 472 Enduring power of attorney and lasting powers of attorney
- 429 Equipment to help with disability
- 455 Festivals, holidays and celebrations
- 467 Financial and legal affairs
- 475 Frequently asked legal questions
- 405 Genetics and dementia
- 507 Grief and bereavement
- 520 Hallucinations and delusions
- 453 Hospital discharge
- 454 How health professionals can help
- 425 How the GP can help
- 505 Keeping active and staying involved
- 417 Later stages of dementia
- 430 Learning disabilities and dementia
- 481 Legal issues for lesbian and gay people
- 517 Living alone
- 521 Maintaining every day skills
- 460 Mental Capacity Act 2005

- 470 Mild cognitive impairment
- 436 Mini mental state mental examination (MMSI)
- 501 Moving and walking about
- 468 Paying care home fees
- 512 Pressure sores
- 458 Progression of dementia
- 442 Rarer causes of dementia
- 462 Respite care
- 476 Selecting a care home
- 514 Sex and dementia
- 522 Staying healthy
- 456 The brain and behaviour
- 459 The Mental Health Act 2007 and Guardianship
- 474 Travelling and going on holiday
- 503 Understanding and respecting lesbian and gay people
- 524 Understanding and respecting the person with dementia
- 525 Unusual behaviour
- 412 Voluntary organisations
- 409 Volunteering for research into dementia
- 504 Washing and bathing
- 518 What if I have dementia?
- 401 What is Alzheimer's disease?
- 427 What is Creutzfeldt-Jakob disease (CJD)?
- 400 What is dementia?
- 403 What is dementia with Lewy bodies?
- 404 What is Fronto-temporal dementia (including Pick's disease)?
- 446 What is HIV-related cognitive impairment?
- 438 What is Korsakoff's syndrome?
- 479 What is posterior cortical atrophy PCA)?
- 402 What is vascular dementia?
- 451 What standards of care can people expect from a care home?
- 469 When does the local authority pay for care?
- 440 Younger people with dementia

Help the Aged

Financial leaflets

- | | |
|------------------------------|--|
| Can You Claim It? | (Claiming Pension Credit and other benefits) |
| Check Your Tax | (Working out your income tax) |
| Claiming Disability Benefits | (Financial help if you're sick or disabled) |
| Making a will | (Understanding the process) |
| Questions on Pensions | (Claiming State Retirement Pension) |
| Thinking about Money | (Budgeting, saving and managing money) |

Housing and home safety leaflets

- | | |
|----------------------------|--------------------------------------|
| Care Homes | (Finding and paying for a care home) |
| Computers and the Internet | (Getting started) |
| Fire | (Preventing fires in the home) |
| Help in your Home | (Getting support and care at home) |
| Housing Matters | (Your housing choices) |
| Keep Out the Cold | (Staying warm this winter) |
| You're Safety | (Preventing accidents in your home) |

You're Security

(Personal safety at home and in the street)

Health leaflets

Bereavement	(Coping with a death)
Better Hearing	(Managing hearing loss)
Better Sight	(Caring for your eyes)
Bladder and Bowel Weakness	(Managing incontinence)
Elder abuse	(What it is and how to stop it)
Fitter feet	(Caring for your feet)
Healthy Bones	(Caring for your bones)
Healthy Eating	(maintaining a healthy diet)
Keeping Mobile	(Staying active and independent)
Managing Your Medicines	(Taking medication safely)
Shingles	(Coping with shingles)
Staying Steady	(Improving your strength and balance)

Regional and Local government

Section 2 - General information

Blue badge
Parking for blue badge holders
Registration of people with disabilities
Where to buy Radar keys

Section 3 - Befriending and carer support

Short-term breaks in residential or nursing homes
Take a break scheme for carers and adults

Section 4 - Looking after yourself

Adapting your home
Are you safe at home?
Bathing problems and simple solutions
Equipment to help in the home
Falls are no laughing matter
Help with bathing and showering
Help with meals
Keeping well and safe at home
Looking after your back
Moving and handling

Section 5 - Carers assessments

Assessment and fair access to care
Carers assessment
Carers equal opportunities Act 2004
Charges for day care and enabling services
Do you need day services?
How much we pay for your community based care
What are direct payments?

Section 8 - Benefits

- An easy guide to direct payments
- Attendance allowance
- Carers allowance
- Completing an attendance allowance form
- Council tax benefit
- Direct payments
- Disability living allowance
- Pension credit
- Single assessment process(SAP)
- What is a review?

Section 9 - Understanding domiciliary care

Domiciliary care services and how they can be arranged

Section 10 - Understanding residential care

- Charges for residential and nursing care
- Moving into a care home
- Paying for residential care
- What to look for in a care home