

How to Handle
LATER LIFE

Marion Shoard



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How to Handle Later Life provides information and general guidance on many aspects of later life. The book is not a substitute for expert medical, legal, financial or other advice, however, and you are advised always to consult a health, legal, financial or other qualified professional for specific information and advice relating to your personal situation. The author and publisher do not accept any legal responsibility for any personal injury or other damage or loss arising from any use or misuse of the information and advice in this book. The naming of a product, treatment or organisation in this book does not imply endorsement by the author or publisher, nor does the omission of any such name imply disapproval.

To Catherine, Dace and Ray
and
in memory of Gladys Shoard, Harold Shoard and James Clevett,
with thanks and love

‘Nothing in life is to be feared. It is only to be understood.’

Marie Curie

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ALSO BY MARION SHOARD

The Theft of the Countryside (1980)

This Land is Our Land (1987, re-issued in 1997)

A Right to Roam (1999)

A Survival Guide to Later Life (2004)

HOW THIS BOOK WORKS

You can never get a cup of tea large enough or a book long enough to suit me.

C S Lewis

How to *Handle Later Life* covers a wide range of subjects and does not have to be read from beginning to end (although you are welcome to do this). I have written it in the hope of enabling readers to live as happily and as healthily as possible by identifying and addressing the difficulties they may encounter.

If you have a particular subject in mind – how to get help in the home perhaps, how to choose a retirement flat, or an attorney, how to find romance in later life or what treatment to expect if you have had a stroke – I hope you will easily find the relevant section. You will not need to have read everything that appears before it. Throughout the book cross-references are provided to other sections likely to be relevant, and I hope these will enable readers to hop, skip and jump their way around what may seem at first a dauntingly hefty tome.

That said, **Part One: Growing Older**, is intended to form a basic framework for understanding the physical and psychological needs of older people and I hope all readers will take the time to look at it. Chapter 1: The Ageing Body, sets out some of the basic ways in which our body changes as we go into our sixties and beyond. Why and how does our hearing change as we get older? Does sexual desire automatically decrease in later life? Are strokes brought on by stress? Myths abound in this area, yet are easily exploded.

The body needs a certain amount of physical activity for it to remain healthy, just as it has needs for fluid, food and an equable temperature. In chapters 2 and 3, I explore these needs and consider to what extent they

change when we are getting on. In chapter 4, I go on to examine their psychological counterparts, not least because meeting our emotional and spiritual needs can prove more challenging as we get older.

After this introductory section, the book proceeds subject by subject. One question many people ask as they approach later life is: should I move house? Some assume they must downsize; others that they should relocate to an idyllic country cottage. Adverts for retirement housing and retirement villages portray politely greying citizens playing bridge contentedly in plush surroundings. Other people may believe that a move to sheltered housing provided by their council or a housing association would deliver the security and care they feel they need. In fact, a move to retirement, sheltered or extra-care housing can prove successful, disastrous or a mixed blessing. In **Part Two: Housing**, I outline some of the many factors to be taken into account when deciding whether to relocate. But whether you move or remain in your existing home, I hope the suggestions made in the final chapter of that part, Staying put, will be of interest. It ranges over keeping your accommodation warm, safe and in good repair and making adaptations, major or minor, to cope with disability.

A small proportion of us move into a care home. Such a move involves not just a change in our physical space but also entry into a new social world as we go and live amongst other people (probably strangers) and rely on the home's staff to care for us and keep us safe. In view of the magnitude of the changes involved, I have devoted a companion volume to be published in 2019 to care homes. That said, you will find that care homes are discussed at many points in this book.

Staying in touch with other people is a basic human need, yet one which can become more difficult to meet in later life. Some older people look for new friends or lovers, others for a community of kindred spirits. People who can no longer get out and about look for someone who could visit them at home. **Part Three: Connections** addresses how we can find these sorts of contact. It also examines the problems that can arise in communicating with people as a result of sight or hearing loss, a major stroke, Parkinson's disease or dementia.

A surprisingly high number of older people decline to turn to the internet to pursue new interests, voice their views or find work (paid or voluntary) or plan a holiday. I outline the main ways in which electronic communication can enrich our life and help us stay connected. In the final chapter of Part Three, I look at factors to take into account if you are looking for an animal companion in later life.

Health matters form the focus of the following two parts. In **Part Four: The World of Healthcare**, I set out the rights to healthcare we all enjoy and how to ensure they are upheld, whatever our age. I go on to discuss how to make the most of GPs and other health professionals, from dentists to optometrists, whose input can do much to improve our quality of life. In **Part Five: Healthcare Provision**, I set out the sort of treatment we should expect from the NHS for such common conditions of later life as strokes, anxiety, depression, continence difficulties and dementia. I also discuss falls.

Part Six: Practical Help turns the spotlight on assistance with everyday activities. One of the welcome developments of the 21st century has been the invention of a host of ingenious gadgets to circumvent difficulties arising from disability and illness. These range from amplifiers for telephones to electric scooters which can cover bumpy terrain. I begin by discussing the range of equipment which might make life easier and go on to examine a range of products called ‘telecare’ – devices involving sensors which can do anything from sounding the alarm because we have left the bath running or had a fall to alerting someone that somebody with dementia has wandered outside a pre-set area.

The ministrations of paid care assistants can be a boon when we are getting on. In this part, I look at how to find such help and to make sure helpers act in the way we wish. However, care assistants turn up only at pre-arranged times. Many people come to need care on demand, often at unexpected times during the night, but prefer not to move into a care home. Live-in care – what can be involved and how to set it up – is discussed in the final chapter of Part Six.

The social services departments of local authorities can provide advice on what sort of help someone needs; they may also partly or wholly fund it. For people who need a lot of practical help because illness or disability is hampering their ability to look after themselves, advice, support and perhaps also financial input from the state can be invaluable.

However, many of us reach our sixties without ever having encountered social services. I therefore begin **Part Seven: Help from the Council** with an explanation of what social care is and the way the social care system works, including social services’ involvement in countering the abuse of vulnerable older people. In the following chapter, I explain how to get help from your social care authority and how to ensure you are not short-changed at a time when councils’ purse-strings are particularly tight.

I continue by examining the position of carers – friends and family members who provide unpaid care. I explain the range of support avail-

able to them, both from local councils and from the voluntary sector. Finally, I explain how to ensure your council does not charge you too much for care and support.

Retirement or semi-retirement can offer more time and freedom to explore the outdoors, but obstacles can stand in our path. In **Part Eight: Out and About**, I look at ways in which you can make your local area an easier place in which to move around, from getting path surfaces improved to pedestrian crossing times changed. Some of us have to give up driving yet have not used public transport seriously for many years. I offer suggestions for travelling by train, coach and bus, taxi, plane and ferry, and also explain your access rights in using these facilities if you have a disability. In other words, a taxi driver should not sail straight past you if they spot you in a wheelchair and should give you any help you need to get in and out of their cab.

Part Nine: Representatives and Advisors turns to a part of life many of us ignore, until it is too late. You could fall under a bus tomorrow, become too ill to think clearly or develop dementia, and you may not be able to do much to prevent such calamities. But you can stop your money being used in ways of which you would disapprove if you cannot supervise matters yourself, and you can protect yourself from being given medical treatment against your will or shuffled into a care home by those with no knowledge of your wishes.

I explain how to grant power of attorney and how to select your attorneys, and suggest ways in which you might consider circumscribing their powers. If you have no attorney, your relatives may find they have to apply to a special court to represent your wishes and I explain how they can do this. How can you ensure your attorneys or other representatives, or the health and social care officials who can come to wield a lot of power should you lose the mental ability to take important decisions yourself, behave in ways that best serve your interests? I tackle this crucially important area too. The final chapter in Part Nine examines more limited powers of representation, albeit ones that are widely used. It also puts forward suggestions for finding solicitors, advocates and advisors.

Part Ten: Money may hold surprises. It shows that even in a time of cutbacks in the welfare field, you may qualify for a range of means-tested and non-means-tested state benefits. Indeed, you may be one of the tens of thousands of older citizens who are unwittingly saving the state millions of pounds because they neglect to apply for benefits, perhaps because they are ignorant of their existence, perhaps because they assume they would be ruled out on grounds of wealth.

I go on to examine private financial matters. It can be tempting to offload large sums of money to your heirs before death; is this a good idea? At what age should you take your state pension? Many people are taking advantage of the ban on enforced retirement and are working well past the age of 65; I discuss their rights in the workplace.

Rights in hospital are addressed in the first chapter of **Part Eleven: Hospitals**. Many of us arrive in hospital with little idea of what to expect, let alone our rights. How can we ensure we go to the most suitable hospital where we will receive the best medical and nursing care? Should the hospital be laying on free transport to take us to appointments? What role can visitors most usefully play? In the following chapter, I turn to our rights as patients when facing discharge from hospital. This can be a fraught area, as cash-strapped hospitals are often keen to discharge patients as soon as possible, even before they are fully recovered.

Part Twelve: The End of Life sets out what sort of care you might hope to receive towards the end of your life and how to obtain it. In Britain, we cannot ask a doctor to help us end our life. I discuss how you can ensure you exert as much control as possible over your final weeks and hours, particularly if you are unable to express your views clearly at the time. I also touch on non-medical choices you may wish to make.

Finally, at the end of the book, in the Useful Contacts section, you should find the postal address, telephone number, textphone number if available and website address of all the organisations mentioned in this book.

Despite well-publicised differences in fields such as health and social care north and south of the border, the law and procedures in these and other fields are remarkably similar throughout the UK. In this book, I describe the situation in England, while pointing out differences in Scotland, Wales and Northern Ireland where these are significant. Where material relates only to a particular country, the name of the country is in a sub-heading or shown in bold in the text. If this is not your country, you can skip this bit.

I describe the situation as at 1st July, 2017. Amaranth Books will be publishing updates from time to time on its website.

Inevitably there are a huge number of interconnections in this book. I hope that the cross-references provided in the text, supplemented by the Glossary and the Index, will enable you to make best use of it all. Good luck!