

Chapter 24

Live-in care

If you need practical help and have at least one spare bedroom in your home, live-in care may be the answer. It is an option with a long history – live-in paid staff who were expected to provide practical help, care and company whenever it was needed have been used at least by wealthier families for centuries. Many people rule out live-in care as they assume it would be prohibitively expensive. Yet the cost can vary widely (from over £1,000 per week to less than £100), depending on the amount of support the care-giver provides, the way in which the arrangement is organised and the extent to which the person (or people) paying the bill can take advantage of state entitlements.

What does live-in care look like on the ground? Here is one situation I have come across:

CASE STUDY

Christina lodged in a house in London with Alice (names changed), who was frail and in her nineties. She did not care for Alice, but organised her care. After posting adverts on university noticeboards, Christina hired several care assistants (who had trained as nurses in their own country) and organised them into three shifts each day. They helped Alice with personal care, ensuring this was not rushed – a meal might take two hours, as Alice had become very slow at eating. As Christina was present much of the time, she was able to ensure that the assistants carried out tasks in the way she and Alice wished. She insisted the assistants take Alice out each day in her wheelchair, perhaps to the shops, perhaps to Mass. But exercise was important too, so they were also expected to help Alice move around as much as possible. Thus each day they would accompany her on a walk. Even if it was only to the end of the street, the walk

also meant that Alice dressed herself smartly with a hat and gloves, as was her custom.

Christina also insisted that the care assistants help Alice upstairs to bed every night. This would take half an hour, but again was considered important for exercise and a change of scene. Indeed, variety was deliberately built into Alice's life, with care assistants lining up a range of television programmes for her to watch.

Live-in care can also take place on a more modest scale or for a temporary period. As live-in paid care is customised, you negotiate with the live-in carer or their agency to establish the range of responsibilities. Here are one or two situations in which live-in care can prove useful.

You live on your own and develop an illness such as pneumonia that saps your strength but for which you are not sent to hospital. No friends or family offer to come and stay. A live-in carer who shops, cooks, cleans, looks after your pets, provides a reassuring presence in the house and accompanies you on outings could transform what might otherwise be a bleak few weeks.

Or perhaps you are about to be discharged from hospital after an illness or operation and are advised that you should move permanently into a care home, as you now struggle to look after yourself. But you do not wish to leave your own home. A live-in carer could be hired to help you move around, wash, dress, take medication, do the housework, cooking, shopping and look after your pets. In time, they might come to provide companionship and emotional support.

Another scenario: you and your partner are finding difficulty in continuing to look after yourselves but do not wish to leave your home and relocate to a care home. Neither needs a great deal of help and a live-in carer who could provide light-touch care and support could make life easier.

Or perhaps you have only a few weeks to live and your partner is happy to look after you but you both feel that an additional pair of hands day and night to complement help from visiting nurses would be a great relief.

Some older people with room to spare offer free or low-cost accommodation to, say, a student or young person in return for a set number of hours per week of practical help, although not usually help with personal care. They also enjoy the security of knowing somebody is in their house or flat at night. Such arrangements may be negotiated as part of a Home-share scheme or independently between the two parties. Clearly they can

be tailored to a wide range of individual requirements. (*I examine this option in the discussion of housing choices in Chapter 5*).

Live-in care versus a care home: pros and cons

If you go and live permanently in a care home, you no longer have to worry about house maintenance or household tasks. All your meals and other refreshments are provided, as well as any help you need with practical tasks and aspects of personal care such as bathing, dressing and using the toilet. Indeed, help can be summoned day or night. In addition, the home is likely to provide various types of entertainment and activity. In a care home, you will be able to enjoy communal spaces and the company of other people, but your own private space will be confined to your own bedroom (which may be en-suite and include a television and phone).

On the other hand, if you have a live-in care-giver, you can continue to enjoy all the amenities of your home – not just the house or flat and any garden, but also features associated with it that you may value such as your neighbours and the locality, as well as any pet (the majority of care homes do not accept pets). You continue to be responsible for running your home, although your care-giver may help with many aspects of it, such as doing the laundry, exercising your dog and entertaining your guests. Help will be on hand with any tasks such as moving around, bathing or helping you eat your food that you have pre-agreed the assistant will do, as well as general support from putting your favourite tracks on the CD player to taking you out or helping you with your correspondence. Your contract with the helper (or with an agency) should also have specified when and for how long they will have free time, and you (or the agency) may need to provide a replacement at that time.

The individual care provided in a care home can never involve as much as that provided by a live-in carer. In a care home, residents have to share the services of care assistants with other residents. Although care homes are supposed to offer personalised support, the sheer pressure of caring for many people means that the care given tends to be task-driven – getting residents washed and dressed, taking them to breakfast, serving them breakfast, taking them to the lounge afterwards, and so on. There does not tend to be much time to, say, sit down with a resident or group of residents and read the newspaper aloud. Many homes employ activity organisers but they tend to have pre-set programmes of activities and little time to respond to spontaneous requests from individual residents.

That said, the live-in care-giver will have plenty to do and will not have the time and energy to provide diversions all the time. But they should have more time for one-to-one support and interaction than would a care

assistant in a care home. And they should be better able to respond to spontaneous wishes.

The one-to-one nature of the arrangement coupled with the fact that care is taking place in the person's home environment means that live-in care should be well-placed to reflect a client's tastes and interests. Dominique Kent, the Operations Director of The Good Care Group, a company that specialises in live-in care, told me in an interview in 2015 that the service her care-givers provide:

is much more than what I call the task of caring. It's about saying to somebody, "What's really important to you about your life? How do we ensure that we enable you to carry on with this in the best possible way for you?" If we know somebody loved the opera and is no longer able to get out to the opera, we bring the opera to them – through music, through films, through books, through radio, whatever it might be.

Nonetheless, it is worth considering the alternative before going down the live-in care route. Care homes have had a bad press, but there are plenty of good ones. In a good care home you will receive not only 24-hour care and your meals, but also the company of people of your own age and a range of activities to enjoy, such as crafts and games. Life with a live-in helper in your own home or in a granny annexe can work well – or it can be lonely and unstimulating, particularly if you feel that your family are only allowing you to live in an annexe of their home on sufferance.

Costs

Before you consider live-in care in detail, work out whether you could raise the funds to pay for it. Live-in care is difficult for most people to fund because although the fee to be paid to the live-in assistant (or assistants) or to an agency is of the same order as to a care home, there are significant additional costs: your own and the care-giver's living expenses, as well as the maintenance of your home and possibly a car. Yet the funds you would release to pay care home bills – through the sale of your home – are not available.

Live-in care obtained through a specialist agency could set you back over £1,000 every week, or £50,000 a year – to be found out of post-tax income. Releasing money through equity release is one option, *and I examine how it works on pages 884–8*. However, equity release might not deliver enough money, and there are significant drawbacks such as a reduction in money to pass on to heirs. Also, an equity release contract would require you to keep the property involved in good repair. Getting

substantial work such as rewiring carried out while an elderly relative, perhaps with dementia, and their live-in care-giver are occupying it may not be feasible.

If you are looking to buy an annuity and/or to release money through equity release, obtain advice from an independent financial advisor: the deals that are offered vary widely. If you have a serious, ongoing health condition consider buying an impaired annuity, which will give you more than a standard annuity. (*I examine impaired or enhanced annuities in Chapter 37, on page 879.*)

Some families pay for live-in care by sharing the costs between individual family members – perhaps children chipping in to fund live-in care for their parent. Taking it in turns to provide cover when the assistant has time off could bring down the costs further. If you share care costs, plainly you need to be sure each person is fully committed and will continue to be able to pay their share for as long as it is required. Each person may wish to be reimbursed after the death of their loved one, rather than relying on the terms of a will. If so, ask a solicitor to draw up a contract, perhaps paying a small amount of interest to family members on what is in effect a loan, so that it can be a debt against the person's estate after their death.

In this situation the older relative receiving live-in care might themselves be of modest means and eligible for financial subsidy from the state towards the costs of their care. That might bring the overall cost of live-in care down to a level that would bring it within the family's budget.

Social care authorities (usually local authorities) help pay for practical help in the home for people whom they assess as having care and support needs and whose financial means are deemed too low to expect them to pay all or part of the cost (*see pages 654–64 for a detailed explanation*). When councils carry out financial assessments of the ability of the person who is to receive care to fund that care, they are not allowed to take into account the financial resources of family members, including any partner who is living with the person involved. In other words, other people could top up whatever amount the social care authority will contribute.

Anyone receiving a subsidy towards their care costs from their social care authority should be able to choose the way in which that subsidy is delivered. One means is through a 'direct payment' – a sort of voucher that enables the person receiving the subsidy (or their representatives) to organise the care and support they need, *as explained on pages 642–52*.

Free healthcare

Healthcare provided through the NHS is free whatever one's financial means. Various types of NHS care might reduce the amount of live-in care that someone needs.

If you have high-level care needs arising from a medical condition you might be eligible for NHS Continuing Healthcare. This is a form of funding provided by the NHS regardless of the financial means of the recipient to cover the costs of the provision of healthcare and also the social care that is normally means-tested involving practical assistance, for instance with personal care. NHS Continuing Healthcare can be taken in your own home and, although it should cover all the health and social care you need, it might not cover all the help you would like to have. You could hire a live-in carer to provide additional assistance, perhaps with cooking, housework and for general support at night. (*I discuss NHS Continuing Healthcare on pages 953–68.*)

If you or your loved-one are likely to die from terminal illness in the near future you could be eligible for a fast-tracked form of NHS Continuing Healthcare (*see page 961*). Again, a live-in carer could provide company and support when nurses and carers provided by the NHS were not on your premises.

I discuss other types of free NHS care in Chapter 14, so do have a look to check that you are not missing out on any of these. For instance, if you are terminally ill and not eligible for NHS Continuing Healthcare, you should still expect whatever healthcare you need to be provided free by the NHS. This could include care through a hospice, much if not all of which may be provided in your own home (*see pages 997–1000 for a discussion of hospice-provided care*).

Other goodies

Several other valuable types of state provision that are not means-tested and thus available whether you are of modest means or a millionaire include:

- Attendance Allowance, Disability Living Allowance and the Personal Independence Payment – state benefits awarded on grounds of disability, not income (*see pages 835–44*)
- an assessment of someone's care and support needs from social services, thus giving them the benefit of expert advice (*page 560 and Chapter 26*)
- equipment from the NHS to cope with disability and illness (*pages 480–1*)

- equipment from social services to cope with disability and illness (*pages 480–1*)
- house or flat adaptations from social services to cope with disability and illness (*pages 182–90*)
- full exemption from council tax for someone with a severe, permanent mental impairment which affects their ability to live a normal life and is entitled to Attendance Allowance, Disability Living Allowance or the Personal Independence Payment; this covers many people with dementia (*see pages 847–8*)
- a care-giver's disregard for council tax (*see page 848*)

Choice of arrangement

If you think you could afford live-in care, should you set up the arrangements yourself, as Christina did for Alice, or hand over the work involved to an agency?

The factors to be weighed up in coming to a conclusion are similar to those explored in the previous chapter on organising domiciliary care that is not live-in. Essentially, if you commission an agency to provide your live-in care, you pay more because you have an agency fee to cover, but you are relieved of the responsibilities of hiring and managing staff, as well as the reassurance that helpers will be provided despite illness and holidays. On the other hand, hiring staff yourself would enable you to select your care-giver (although a good agency should allow you to meet them beforehand or at least send someone else if you find you do not warm to each other).

Some domiciliary care agencies described in the previous chapter offer live-in care as part of a wider portfolio. Two types of specialist live-in care agency have emerged. One is like an employment or introduction agency: it finds live-in care-givers for clients and should have undertaken checks on the expertise and integrity of the people it offers and may have provided training. But once it has matched live-in care with client, the ongoing management of the situation including the formal hiring of the helper(s) is left to the client. This type of agency is not regulated by the Care Quality Commission and its equivalents.

The other type of agency matches a client with one or more care-givers and also oversees the situation, paying them and providing overall oversight. It should guarantee that it will provide a care-giver for as long as you need one, providing cover if any regular live-in helper it sends you is ill or on leave. This type is regulated by the Care Quality Commission and equivalent bodies, as explained in the next section.

In 2015, thirteen agencies came together to form the Live-in Care Information Hub (*see Useful Contacts*) with the objective of raising the profile of live-in care. The hub provides information on its website and in written form about how live-in care can work. Whether you are considering approaching an agency or finding live-in care-givers yourself, it is worth reading the Hub's material to give yourself a sense of the way in which live-in care can work.

Finding an agency

To find agencies that might be able to help you, trawl the internet and ask around. Perhaps there is someone at your local independent living centre or Age UK who has used one? You could ask social services or health service personnel if they know of good agencies in your area. But do not rely on word-of-mouth recommendations – an agency is only as good as the staff it hires, while the manager too may have changed since your contact was one of the agency's clients; the domiciliary care industry sees high staff turnover.

All agencies that provide live-in care-givers who provide personal care must be vetted and then registered by the Care Quality Commission (in England), the Care Inspectorate (in Scotland), the Care Standards Inspectorate for Wales or the Regulation and Quality Improvement Authority (in Northern Ireland). After that, agencies are appraised by CQC or equivalent inspectors. The inspection reports that result are available online. Read them – the most recent and any past ones. Why not also read those of agencies that have attracted high ratings by national inspectors and/or won awards (such as The Good Care Group), so you get a sense of what you could reasonably expect? If you are looking for an agency that provides only a facility for finding a live-in care-giver and is not therefore registered with the CQC, ask for a list of those in your area from the UK Homecare Association.

If some agencies seem promising and you think you could afford the fees they would charge, talk to their managers over the phone and if you remain interested, try to arrange face-to-face interviews.

Here are some suggestions for points you could consider when you talk to an agency's manager. Do also refer to the checklist of considerations (*on pages 508–15*) for choosing a domiciliary care agency. They are even more important than if you were hiring staff for limited periods: over time you are likely to be paying the agency an even larger sum of money, while the opportunities for theft, substandard practice and even abuse and neglect are even greater than in the world of visiting domiciliary care assistants.

Recruitment

Probe the agency's manager on how checks on the honesty of staff, their work-permit status and their suitability to work with potentially vulnerable people are carried out. Expect:

- ✓ checking of work-permit status
- ✓ verification of identity and qualifications
- ✓ several written references
- ✓ interviews and aptitude tests
- ✓ enhanced security with barring disclosures (*page 528*) and for these to be renewed regularly, perhaps every three years
- ✓ attempts to pursue checks of police records overseas where necessary

Training

Expect a live-in care agency's personnel to have much more expertise than that provided through the induction training outlined in the previous chapter, *on page 514*. So expect any care-giver sent to you to have at least level 2 in the Regulated Qualification Framework's Diploma in Health and Social Care or of the Scottish Qualifications Authority's Scottish Vocational Qualification in Social Services and Healthcare, or better still, level 3. In addition, expect to see proof that assistants you will be sent have received specialist training in any area relevant to you – such as how to care for someone with dementia or after a major, disabling stroke and/or at the end of their life. In the isolated world in which they work, standards could easily slip. How does the agency ensure this does not happen? How does it remind them of the professional standards that should underpin their work and bring them up to date with any changes in good practice? Look for evidence of audits and spot checks by managers and also regular refresher training.

Ask about the guidance the agency provides to help live-in care-givers look after their own emotional needs. Working and living alone, far from friends and family, perhaps in a foreign country and perhaps for someone with contrasting background and views can be challenging. At the same time, the work can be physically tough and emotionally hard; and simply dealing with people all day long brings its own difficulties.

Time off

What provision does the agency make for its workers to have time off and does it provide replacement at those times if you need it?

If someone requires a lot of care, particularly at night, an agency would usually send in a care-giver for a week or fortnight and then send a replacement for a couple of weeks, alternating the two so neither helper suffers burn-out and their client enjoys continuity of care. Nonetheless, the assistant will need time off during the period in which they are at work. How much time does the agency allow? Would this work for you? Would a replacement be needed or perhaps a relative could step in at those times? If a replacement must be hired, will this be your or the agency's responsibility?

If a client does not need continuous supervision or care, an agency would send in a care-giver for several weeks, even longer perhaps. Plainly, days off as well as a certain number of hours each day must be factored into the arrangements. Again, what does the agency propose? Would these arrangements work for you and how would you cope when your helper is off-duty?

Continuity of care

If you get along well, would the same live-in care-givers be sent to you?

Preparation

The agency should send a manager to meet you in the environment in which you would like to be cared for. They will assess precisely what tasks the helper should perform and then come up with a proposal for the level of support you need and the cost. The manager will also want to check that he or she would have adequate living conditions and that the working environment is all right. Expect them to point out any hazards, such as rugs over which you might trip, and discuss with you what might be done about them. A formal specification of how the caring situation will work should be drawn up.

Expect to meet the care-giver(s) before they work for you or your relative. If this is impractical, expect detailed information about them and their qualifications and the offer of a conversation with them through Skype. If you do not meet the assistant and find that when you meet you fail to gel, expect the agency to do what it can to provide a replacement and promptly.

Expect a formal review of how things are going and whether the care-giver's tasks should be tweaked within the first month. Sometimes the situation will not change much, but if the person who is being looked after has a condition that can result in the development of new care needs, such as dementia, reviews will be more important.

Back-up

Problems can arise both for you and for your care-giver, even in the middle of the night. Perhaps they will not do what you expect of them. Perhaps you refuse to play ball, for whatever reason including, perhaps, the influence of alcohol. Expect the agency to provide a back-up phone service, day and night, so if either you or your care-giver needs help to sort out a problem that has arisen within the caring situation, they have easy access to someone capable of resolving it.

Should your assistant become unwell or particularly tired – perhaps because you have been unwell and they have been up at night caring for you – expect the agency to be able to send in a replacement.

Feedback

A good agency will regularly seek the views of both their clients and their staff, whether or not any problems have arisen. They will send out client satisfaction and carer satisfaction forms every six months and respond to any issues that arise. Expect the manager to phone regularly to check that all is well and to make visits without alerting the helper beforehand. Whether or not any problems have arisen, expect the manager to meet care-givers regularly to discuss how things are going.

Charges

Make sure the agency will not ask you for further payments that it has not specified. Do not expect to have to fork out for Disclosure and Barring Service fees, for example (*see pages 506–7*).

Hiring a live-in carer yourself

The suggestions for recruiting, hiring and managing personal assistants as well as the responsibilities that come with hiring staff outlined in the previous chapter should be helpful if you are hiring a live-in helper independently. Thus, for instance, when you are looking for staff:

- ✓ check the immigration status of your care-giver. Insist on seeing original documents, not copies.
- ✓ obtain an enhanced disclosure with barring from the Disclosure and Barring Service or its equivalent
- ✓ check paper qualifications
- ✓ if in Scotland, check that the applicant is registered with the Scottish Social Services Council (*see page 506*)

- ✓ obtain references of both character and competence in all the fields in which you hope your live-in care-giver will provide help, from personal care to driving
- ✓ if possible, go and meet your prospective assistant's referees

You are able to exercise more choice over the personality of your assistant if you hire staff direct than you would if you go through an agency. Consider whether you would find their company congenial. Would your live-in helper be friendly and chatty? Would that suit you, or might they be too garrulous to your taste? Conversely, would they retire to their own room at every available opportunity and thus not provide the company you are seeking?

Look for somebody who really enjoys working as a live-in helper. One young woman to whom I talked, who was caring for an elderly woman much incapacitated after a stroke, told me she had looked after her grandmothers and liked elderly people. When I commented that the person she was looking after was beautifully dressed, she explained that each morning they would discuss what she would wear, what jewellery she would put on and how she would style her hair: 'We're girls together!'

If you are hiring live-in help yourself and you need 24/7 cover, you will of course need to find one or more other helpers to cover when your main helper is having time off. Indeed, if you need a lot of help, you will need a whole team of carers, perhaps some live-in and some to provide back-up who live off your premises. You will also need to have some arrangement to retain staff should you need to spend time in hospital.

It is important clearly to define the scope of live-in workers' tasks and to be realistic about what you expect them to do. Draw up a list to avoid resentment building up, perhaps because the assistant finds themselves expected to perform tasks they consider unnecessary. You might find the sort of approach to listing tasks I took when I worked out a list for a friend in Scotland useful (*see pages 517–9*).

Practicalities

Whether going through an agency or hiring independently, you also need to consider matters which arise only when somebody is sharing property. For instance:

- ✓ How will household bills be handled?
- ✓ Will the care-giver have the run of the whole of your property?
- ✓ Can they receive visitors there?

Life for your live-in helper

Whether you are contemplating live-in help through an agency or independently, it is important to consider the life the care-giver would live in your house or flat. You are likely to be happier and better cared for if your helper feels relatively content with their life. So:

- ✓ make your surroundings as congenial as possible for them, with a pleasant room, a comfortable bed, large-screen television and so on in their room.
- ✓ respect the assistant's need for equipment to prevent their damaging themselves when lifting you or your equipment. Don't expect them to lift you in and out of a car, for instance. Obtain gadgets such as car swivel seats and lifts for loading and unloading wheelchairs from car boots (*see page 472*).
- ✓ consider which tasks you could offload from the care-giver. Perhaps a family member could do a big shop every few weeks or you could organise home deliveries? Perhaps you could hire somebody else to do the cleaning and the gardening?
- ✓ find friends for the care-givers if you can. Life for live-in assistants can be isolated and dull. Perhaps you or your friends know people of their age with whom they could socialise? Perhaps your friends and acquaintances, for instance from your local faith group, could offer diversionary activities and/or support?

Many of the other services outlined in this book could also help to keep you in contact with the world and at the same time provide respite for your live-in helper, not least befriending (*pages 220–3*) and day centres (*page 231*). If you can no longer get out to meetings you used to enjoy, perhaps your assistant could help you host them in your home?

A secret camera?

As with any situation in which someone is working closely with someone else, it is worth setting in place a system for regular review of how things are going. Various points might have occurred to one or other party that could develop into ongoing concerns if not addressed early on. And regular discussion should also bring to light ways in which the situation could be tweaked so that you are both happier with it.

Perhaps you are planning to hire live-in care for someone who will live alone with their helper and might not speak up were their care substandard or even were the care-giver to take advantage of their vulnerability

and perhaps put pressure on them to hand over money or even bully or physically abuse them. The potential for the abuse of people who are blind, deaf, deaf-blind or who have another kind of serious physical disability and/or a mental condition such as dementia in this private world is enormous. So too is the potential for slipshod service.

Try to ensure that someone from outside can visit frequently if you are unable to do so, including at times when visits would not be expected, to check that all is well. You could also consider installing some kind of recording device to find out what is going on. This could be anything from motion sensors or a sound recorder to a video camera with the sound switched off or on.

If you record and do not tell the live-in carer they might be annoyed and perhaps justifiably so. Far better to tell them at the outset. If they perform their job well, they should have nothing to fear. Indeed, you might end up praising their efforts and raising their wages. Dominique Kent of The Good Care Group told me in 2015 that if a carer is doing their job properly, a camera should not concern them: 'My stance is if you're confident about the service you provide, it shouldn't matter.' However, she pointed out that it is important to respect the dignity of the person who is being cared for. If the camera is recording continuously in their bedroom, they will be filmed behaving in ways which most people prefer to keep private, including the provision of help with personal care.

The consent of the person who will be filmed in this way should first be obtained. If they lack the capacity to give that consent, their legal representative should be approached (who may of course be you). In making any decision on behalf of someone who lacks the capacity to make it themselves, anyone representing them must conform to the principles of the mental capacity legislation *that are explained on pages 770–4*. They must go ahead only if the decision is in the best interests of the person involved.

Make sure the installation of secret recording equipment does not flout any contract of service with an agency or indeed with an individual live-in care-giver. If other people might be captured on film too, such as visitors or cleaners, they might consider their human rights had been infringed. They too might consider taking legal action against you, although general guidance issued by the Care Quality Commission in 2015 about the use of cameras noted that it was not aware of any instance in which recording equipment used by family members had been legally challenged.¹ Nonetheless, it is worth getting your own legal advice before you go ahead.

You should also consider what will happen to the film footage. Who will view it and will they be in a position to know whether the ministrations of the assistant represent good practice or not? What will happen to the footage after viewing? Who will destroy it and when?

Let us hope that the worst that you pick up through any camera or other recording equipment is sub-optimal care. You might find that the care-giver does not respond as promptly as you think they should to calls for assistance at night. Or perhaps they give your relative their meals in front of the television when you know they would prefer them at the dining table or in the garden.

However, many of the most terrible scandals involving care homes and domiciliary care in recent years have come to light and been acted on only because of the evidence provided by cameras. If you fear that you or your loved one has been or may be abused or neglected, contact the police or social services, *as described on pages 565–6*. The wilful neglect or ill-treatment of another person who lacks mental capacity by somebody who is caring for or in a position of trust or power over them is a criminal offence (*see page 568*).

Support from social services

We see in Chapter 27 that unpaid carers (often family members) have a right to an assessment by their social care authority of their own needs for support when they are caring for someone. Paid carer-givers, live-in or not, do not enjoy that right. However, social care authorities have the discretion to help them. A live-in care-giver could find they are being expected to perform tasks for which they consider themselves ill-equipped and in that sort of situation, social services could be asked to help sort out the problem; *I describe a case in which this took place at the end of Chapter 27, on pages 629–30*.

Social services can also be approached for advice, perhaps by the person seeking live-in care or their family. Social care authorities have a responsibility to provide advice to anyone who might need care and support, whatever their financial circumstances. They must carry out an assessment of the care and support needs of individuals if asked to do so, again regardless of financial means (*see Chapter 26*). This assessment is well worth having and can inform the sort of care you may be seeking. If you cannot obtain an assessment swiftly from your local council, you could consider approaching an independent social worker (*page 582*).

Live-in care

- * Live-in care varies greatly in cost.
- * Some families club together to pay for live-in care.
- * NHS Continuing Healthcare funding can cover much of the cost.
- * Someone paying for care, however wealthy, is likely to be entitled to several valuable free services from the state.
- * Choose any live-in care agency carefully.
- * Hiring live-in care-givers yourself brings more responsibilities but should give greater choice.
- * Look for a care-giver who enjoys their work and the company of older people.
- * Think about the life your live-in helper will lead and how you can improve their quality of life.
- * Live-in care focuses on the individual, but care homes offer more company.
- * Consider how you will monitor care, particularly for a relative with dementia.