



The 1818 Society British Chapter
The Association of World Bank Group Alumni

Elderly Care in the UK

5th Edition

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The 1818 Society British Chapter: Elderly Care in the UK

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This booklet has been prepared for the exclusive, personal use of members of the British Chapter of the 1818 Society. The information, while broad in coverage, is intended as a starting point and should not be considered as all-inclusive. While every effort has been made to ensure the accuracy of the information, the 1818 Society British Chapter neither endorses providers nor bears responsibility for the information.

Many of the topics covered are complex and can have far-reaching consequences. Members are encouraged to undertake research tailored to their specific circumstances and to seek expert professional advice where appropriate.

Additional information on how to deal with financial and other related matters in the event of a retiree death can be found in the 1818 Society Handbook for Advance Planning by Retirees and Families for End of Life, May 2016 [http://www.wbgalumni.org/1818/wp-content/uploads/2016/09/Handbook for Advance Planning By Retirees Families May2016.pdf](http://www.wbgalumni.org/1818/wp-content/uploads/2016/09/Handbook%20for%20Advance%20Planning%20By%20Retirees%20Families%20May2016.pdf)

There is also valuable information for Retirees available on the Retiree Portal of the World Bank pensions website: <https://securewebapps.worldbank.org/apps/Pension/Pages/Home.aspx>

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Introduction

Planning for elderly care can be emotional, complicated and challenging. However, researching options ahead of time can make it a much less daunting task. This is probably best done with the involvement of family or a close friend. A great deal of information is available, much of it on the internet. This guide is intended to be a signpost to sources of helpful information about support systems in your home and community. At the end of each section, you will find links to a selection of organisations that we have found most helpful and informative¹. Several of these publish free guides on various aspects of elderly care. Others offer telephone advice lines, befriending services and live-in care.

For those who may not have internet access or are uncomfortable using such sites, contact telephone numbers are also listed where available.

Some services may vary from area to area. Please refer to the websites of the specific organisations for details on what is offered in your locality. Similarly, policies, guidelines and conditions can also differ by jurisdiction. For this reason, it is important to refer to the appropriate regional agencies listed in the box below for those that apply in England, Scotland, Wales and Northern Ireland. One of the best single sources of information is Citizens Advice. It has a comprehensive website <https://www.citizensadvice.org.uk/> which is frequently updated and can also be contacted by phone (03444 111 444 in England). The national website has a webchat facility and some local Bureaux provide an email reply service.

Annex 1 includes a list of specialised support agencies that can advise on specific medical conditions and Annex 2 contains links to some other helpful organisations. Annexes 3 to 5 have been provided by the British Association for Retired UN Civil Servants (BAFUNCS) and provide additional information on the BAFUNCS Benevolent Fund, on accommodation for older people and on personal information checklists.

Staying at Home

Continuing to live in the familiarity of our own homes for as long as possible is probably what most of us would like to do. It allows us to retain that all important independence, hold on to our memories and maintain the companionship of our established social circle. However, some may begin to struggle and require help within the home to carry out previously simple daily tasks. Housework, laundry, cooking, shopping and even personal hygiene can become onerous. There are some options worth considering that make it easier for you to remain relaxed and comfortable in your own familiar surroundings.

Adjustments and Adaptations to the Home

This might include installing a stairlift if you have difficulty climbing stairs. Widening doorways is critical for wheelchair access. Modified kitchen equipment will make cooking easier. Bath seats and raised toilet seats will assist those with a mobility problem. Installing an intercom to the front door provides both ease of access for visitors and security for you. Personal alarm systems allow you to feel

¹ If you have difficulty connecting, try searching for the agency in Google. Please report any broken links to davidpotten@compuserve.com

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safe and secure knowing that help is at hand when needed and also provide relief to your possibly distant family. AgeUK is one of several organisations committed to improving the quality of later life. This charity publishes a collection of comprehensive, helpful free guides on all aspects of elderly care, including one on home adjustments, how to go about obtaining and paying for them, and advice and information on a range of products, such as personal alarm systems, and services. AgeUK also maintains a directory of tradespeople. Contact your local office for those in your area. Again, please note that actual AgeUK services may vary from area to area. Other useful agencies are listed in the box below.

- www.ageuk.org.uk/home-and-care/help-at-home Advice line 0800 055 6112. Call this number to find your nearest Age UK office or click on the website map. Outside England, please refer to the AgeUK partner charities:
 - www.ageuk.org.uk/scotland 0333 3232400
 - www.ageuk.org.uk/northern-ireland/ 0808 808 7575
 - www.ageuk.org.uk/cymru 0292 043 1555
- www.firststopcareadvice.org.uk 0800 377 7070 Provides a directory of services and product information.
- www.wiltshirefarmfoods.com 0800 077 3100 - One example of a food company that delivers frozen foods nationally; others can be found on the Web. Special diets can be catered for. Remember, however, that most major supermarkets offer on-line ordering and home delivery.

Care in the Home

Even with some home adjustments or specialised equipment, remaining in your own home may not be possible without outside physical help. Traditionally the role of “carer” would have been undertaken by family or close friends. Such an informal arrangement might work well initially. However, it may not be a feasible option for you if your family is distant or if your needs increase beyond the family’s skills and capabilities. Some of us may then have to depend on outside help with daily activities. The amount and type of care required will vary tremendously from one individual to another so it is important to have as clear an idea as possible of your level of need. Local Authority Social Services Departments are required to carry out a needs assessment where a clear need exists. This is usually done by an occupational therapist. Even if you do not expect to qualify for Local Authority funding, which is means tested, it may still be a good idea to have a formal needs assessment done for possible future reference.

Two organisations, The Care Quality Commission (CQC) and The United Kingdom Home Care Association (UKHCA), can give helpful information on choosing a care agency. CQC is the regulatory body for health and social care and inspects all home care agencies in England and guarantees certain minimum standards. UKHCA is the national association of home care providers and also sets standards. Both organisations have websites that allow you to search for home care agencies in your area. CQC shows inspection reports and UKHCA lists registered agencies.

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Loneliness and feelings of isolation can have a huge impact on the overall health and wellbeing of the elderly. A regular visit or telephone call from a volunteer befriender can go a long way to easing these feelings.

Personal Information

Should you become seriously ill or incapacitated, it is very important to have personal information easily accessible in the home for the emergency services or carers. The BAFUNCS has produced a guide on keeping useful information readily available at home. This can be found at Annex 5.

UK Government Benefits

If you are under 65 and have a long term health condition or are disabled and thereby require extra help, you may be able to claim Personal Independence Payment (PIP). If you are 65 or over, you may be eligible for an Attendance Allowance. Both of these benefits are non-means tested and are non-taxable. A Carer's Allowance (taxable and means-tested) may also be payable to someone who cares for someone with substantial caring needs. See the links below for more detailed information on eligibility and how to apply.

- Citizens Advice (CA) has overviews of benefits for [those who are sick or disabled](#)
- There are two excellent websites where one can test one's eligibility for benefits anonymously: Turn2Us: <https://benefits-calculator.turn2us.org.uk/AboutYou> and Entitled To: <https://www.entitledto.co.uk/benefits-calculator/startcalc.aspx>
- The Advice Now website has excellent guides on benefits (and other topics) at: <https://www.advicenow.org.uk/advicenow-guides>
- Care Quality Commission <http://www.cqc.org.uk/content/about-us> 0300 061 6161
- Care Inspectorate <https://www.careinspectorate.com> 0345 600 9527 (Scotland only)
- Care Council for Wales www.ccwales.org.uk 0300 30 33 444
- UK Home Care Association UKHCA www.ukhca.co.uk 0208 661 8188
- Helping Hands www.helpinghandshomecare.co.uk 0330 029 8699 This organisation is a leading provider of domiciliary care.
- Independent Age <https://www.independentage.org/information> 0800 319 6789. The Wise Guide can be downloaded and covers some useful points even if you are not applying for Local Authority funding. This agency also provides information on befriending services.
- AgeUK www.ageuk.org.uk/health-wellbeing/relationships-and-family/befriending-services-combating-loneliness 0800 055 6112 Provides a befriending program.
- Carers UK www.carersuk.org 0808 808 7777 A support organisation for you and your carers.
- The Carer's Trust provides a lot of useful information on carers at www.carers.org. This organisation was the result of a 2012 merger between Crossroads Carers Trust and the Princess Royal Trust for Carers. 0300 772 9600

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Exercise for Health

NHS guidelines and the relevant literature stress the importance of regular exercise for the elderly. Physical activity and exercise help us maintain a healthy, energetic and independent lifestyle. Walking, swimming, low impact aerobics, Pilates and seated chair exercises all help to keep us active. Pensioners' playgrounds are becoming a popular concept. They are funded by Local Authorities, Residents' Associations or local parishes and offer a free outdoor gym with several pieces of equipment that allow seniors to flex their muscles and work the key areas of upper body, legs, hips and stomach. They are also designed to be fun for the elderly. Check with your Local Authority to find out if there is a playground in your area.

The NHS offers a series of gentle exercises that focus on flexibility, strength and balance. There are also exercises that can be done from a sitting position to work the upper body.

It has been established that elderly people are more prone to falling than younger people. Falls can cause painful injuries, especially hip displacements and they can also result in a loss of confidence. The NHS has a useful guide on falls prevention services and many local authorities provide falls prevention services.

- www.amazon.co.uk Search for "Exercises for the Elderly" to find a series of health books covering a range of exercises for the elderly.
- <http://www.nhs.uk/Tools/Pages/Exercises-for-older-people.aspx> Gentle, easy exercises for the not so mobile.
- **Falls Prevention Services** The NHS has a [useful guide](#) on falls prevention and many local authorities have falls prevention services.

Moving out of your Home

Sometimes, even with help, your own home might seem too difficult or too large to maintain. Downsizing to something smaller and easier to run might be more suitable, especially if you are looking for some extra security and support.

Retirement Housing

Retirement housing, also known as sheltered housing, is an option to consider. Usually the housing available is part of a community of like properties. You will have your own self-contained property and so will still have a good deal of independence. However, a manager will be on site and there will often be an alarm system in your property for emergencies. There are also likely to be communal facilities, such as a residents' lounge and shared gardens. Guest rooms are often a part of the scheme to allow visitors to stay over.

Retirement villages are similar but on a greater scale. They are often modelled more like American retirement villages and may be near a golf course or other leisure facilities. The 1818 Society has

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produced a guide (December 2016) to retirement communities. Although this is primarily targeted at US residents it contains a lot of useful background information:

<http://www.wbgalumni.org/1818/wp-content/uploads/2016/11/1818-RALC-Communities-Handbook-2016.pdf>

The company McCarthy and Stone has long been a leading developer in retirement housing. Health specialist BUPA also offers sheltered housing through its associate company, Goldsborough Estates. Most retirement properties are available for purchase although there may be some private owners who are willing to rent. Local Authorities and Housing Associations do rent sheltered housing, but priority is usually given to those on a limited income or who have been assessed as needing this kind of accommodation.

Extra care or assisted housing is similar and may be required if you need a greater level of support, such as help with cleaning, laundry and meals etc. There are many private retirement schemes available. Refer to the box below for some useful links.

- McCarthy & Stone www.mccarthyandstone.co.uk 0800 201 4811
- BUPA sheltered and assisted care www.goldsboroughestates.co.uk 0800 731 6287
- Retirement Villages www.retirementvillages.co.uk 01372 383950
- ExtraCare Charitable Trust www.extracare.org.uk 02476 506 011
- HousingCare www.housingcare.org Maintains a directory of retirement accommodation.

Care Homes

Circumstances can change and you may be faced with making a decision about moving into a care home. This is a big decision and there are several points to consider. Your needs will determine whether to look for a residential home or a nursing home which will provide specialist nursing care. You will also want to think about location: do you want to be near family? The type of accommodation available is an important consideration: does it meet your needs? Does the home arrange social activities? Is there a waiting list? Do the menus offer balanced diets? Can you take your own belongings? Importantly you will want information on costs and contract before committing to an individual home. Requesting home brochures and being able to visit are also important. AgeUK and Independent Age are two organisations that provide comprehensive care home checklists that are good preparation for a visit. It is particularly useful to take the opportunity to talk to staff and residents. This should give you a good idea of the home's atmosphere.

The healthcare specialist, BUPA, also offers a range of free guides on the services it provides in its residential, nursing and specialist care homes. Please note that you do not have to hold BUPA Health Insurance to live in one of its homes. The Relatives and Resident's Association, via its Helpline, gives independent advice and support to you and your family so that you can confidently make an informed choice.

The Care Quality Commission, the regulatory body, maintains a data base of registered homes where you can search for one in the location that you have selected. Inspection reports are also available. You can also search for homes in your area through the website of the Elderly Accommodation

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Counsel. This organisation is a national charity to help older people make informed choices about housing and care needs. Your local authority may also produce a guide to care homes. Refer to the links below, which also include the associated websites for FirstStop Advice and Housing and Care options.

Following an in-depth review, the Government is in the process of introducing a number of changes aimed at simplifying the complicated issue of paying for residential care and setting a cap on what people have to pay for elder care. The AgeUK's free guide on care homes <https://www.ageuk.org.uk/information-advice/care/arranging-care/care-homes/>

provides additional information. Remember that the Scottish Government has different policies and funding arrangements (<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care>).

Note that the World Bank Retiree Medical Insurance Plan (RMIP) does not cover the cost of residential care. At present (January 2017) you have to pay the full costs of residential care in England (there may be different rules elsewhere in the UK) if you have assets of more than £23,250. If you require nursing care, you may be entitled to some benefits (attendance allowance for example) which are not means tested. The limits may change substantially in April 2020 – see the [Age UK guide](#) for details.

Some people find a need either to raise funds to pay for residential care or to minimise their potential exposure. Possible avenues to explore include equity release and immediate needs annuities. There is independent advice on these options on the money advice website: click here for [equity release](#) and here for [immediate needs annuities](#).

The BAFUNCS (British Association of Former United Nations Civil Servants) operates a benevolent fund to which World Bank retirees are eligible to apply. Full details are in Annex 3.

The BAFUNCS has also produced a guide on accommodation for older people. A copy is provided at Annex 4.

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- Care Quality Commission www.cqc.org.uk 03000 616161
- UKHCA www.ukhca.co.uk 020 8661 8188
- NHS [Choices on Care Homes](#)
- AgeUK www.ageuk.org.uk/home-and-care/care-homes/finding-a-care-home/ 0800 055 6112
Also provides a Care Home checklist in Scotland
<https://www.ageuk.org.uk/scotland/information-advice/care-and-support/care-homes/>
0333 3232400
- Advice on Care provides impartial advice on care fees, including care fees annuities, with specific sections on England, Scotland and Wales <http://www.adviceoncare.co.uk/> 0800 1804336
- Independent Age www.independentage.org 0800 319 6789 Also provides a Care Home checklist.
- Elderly Accommodation Counsel www.eac.org.uk A national charity to help care professionals and older people make informed choices about housing and care needs. It can be contacted through their First Stop Advice website <http://www.firststopcareadvice.org.uk/> or by email to info@firststopcareadvice.org
- The Relatives and Residents Association www.relres.org 020 7359 8136 Offers advice and support to those faced with moving a relative into residential care.
- County Councils provide a wealth of information on adult care and care homes. Here is an example from [Norfolk County Council](#): <http://www.carechoices.co.uk/region/east-of-england/norfolk/>
- BUPA www.bupa.co.uk/carehomes 0333 920 9261 BUPA offers both residential and nursing

Convalescence: Nursing and Home Health Care

Certain types of care help towards a recovery to normal health after an illness or operation either as a hospital outpatient or under GP care. They are covered by the World Bank Retiree Medical Insurance Plan (RMIP) as set out in the box below.

CIGNA International Option RMIP Plan 1 Nursing and Home Health Care		
<i>Effective January 1 2013</i>	U.S. Network Aetna Open Choice PPO	Out of Network
Skilled nursing facility (e.g., rehabilitation center): <i>maximum 60 days per condition per plan year</i>	90% after deductible	80% after deductible
Convalescent Care: <i>Maximum 60 days per condition per plan year</i>		
Visiting nurse: <i>maximum 120 days per condition per plan year</i>		
Private Duty Nursing: <i>Contact insurance administrator for authorisation</i>		

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Extracted from "International Option (Vanbreda) Retiree MIP Plan 1" available on:
<http://web.worldbank.org/WBSITE/EXTERNAL/EXTSTAFF/EXTHR/0,,contentMDK:20340947~pagePK:64233720~piPK:444052~theSitePK:444049,00.html>

Respite Care

Respite care is primarily for the carer. It allows that person to have a break and recharge their batteries. This might be accomplished by substituting another carer, either family member or professional, in the family home. Alternatively, it might be done by short term in-patient care. Respite care is not normally covered by RMIP, although it could be considered on a case-by-case basis if a carer (who is also insured by RMIP) suffered medical or psychological problems as a result of their caring duties. Some agencies to consider are listed below.

- Helping Hands www.helpinghandshomecare.co.uk 0330 0604250 Offers short term respite care.
- BUPA <https://www.bupa.co.uk/care-services/care-homes/types-of-care/respice-care>
0333 920 4218 BUPA offers short term breaks to enable carers to take time off.

The Good Care Group www.thegoodcaregroup.com 0808 1633 926

Hospice and Palliative Care

Hospice care is designed to improve the quality of life for people who have a terminal illness. The approach is holistic and takes account not only of the patient's physical and medical needs, but is interdisciplinary in supporting their emotional, spiritual and social needs and those of the family. Professionals and volunteers work in partnership towards making the patient as comfortable as possible at a life limiting time. This is achieved through managing pain control and symptoms as well as addressing a patient's social care needs. Hospice care might be offered in the comfort of your own home or at the hospice (on a day care basis or as an inpatient). Palliative care can also be given in assisted living, care homes and hospitals. Hospice UK is the UK Charity for Hospice Care and contact details are listed below along with some other useful resources.

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- NHS End of Life Care Choices www.nhs.uk/planners/end-of-life-care/Pages/End-of-life-care.aspx
- Hospice UK www.hospiceuk.org 020 7520 8200. This website offers information and advice to those patients and their families needing palliative care as they face life limitations. Hospice UK can also help you find a Hospice in your area.
- Macmillan Nurses www.macmillan.org.uk 0808 808 00 00. These nurses, trained by the NHS, can give expert palliative care and well as social care information and advice in your own home from the point of diagnosis.
- Marie Curie Cancer Care www.mariecurie.org.uk 0800 090 2309. This charity maintains 9 hospices around the UK and supplies a national home nursing service. Marie Curie nurses provide care at home to people approaching the end of their lives.
- Maggie's Centres www.maggiescentres.org 0300 123 1801 Cancer Caring Centres offering psychological and emotional support through all stages for patient and family.
- Sue Ryder www.sueryder.org 0808 164 4572 and Rennie Grove Hospice Care (Herts. and Bucks.) www.renniegrove.org 01442 890 222, are two charities who offer much information on outpatient and inpatient hospice care.

Power of Attorney

If, due to either mental or physical incapacity, you are no longer able to manage your property or financial affairs yourself or if you are unable to make decisions about your medical care, you may wish to appoint someone else to act on your behalf by granting them a Lasting Power of Attorney (LPA). This can be easily set up by anyone over the age of 18 and is obviously best done whilst you are able to make your own decisions. Acting on someone else's behalf is a very responsible position, therefore it is important to choose someone in whom you have absolute trust. This should be a person with whom you have shared your wishes and intentions regarding your property, financial affairs and your medical plans. It should be someone who will always act in your best interests commensurate with the decisions you have already made yourself. Refer to the links below for detailed information. The Citizens Advice guide is particularly useful.

If someone loses their ability to handle their own affairs ("loses mental capacity") and no LPA is in place it may be necessary to ask the Office of Public Guardian to authorise someone to act on the individual's behalf.

- www.gov.uk/power-of-attorney/overview
- Citizens Advice information on [Managing affairs for someone else](#)
- www.which.co.uk/money/retirement/guides/how-to-set-up-a-power-of-attorney/what-is-power-of-attorney
- www.ageuk.org.uk/money-matters/legal-issues/powers-of-attorney
- www.gov.uk/office-of-public-guardian 0300 456 0300
- www.publicguardian-scotland.gov.uk 01324 678 398

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Next Steps

We hope that 1818 Society British Chapter members will find the information contained in this booklet useful. Once again, we suggest that you may wish to share it with your families when they are involved in your care decisions.

If any members have come across other useful resources or organisations that we have not included, please send the information to David Potten (davidpotten@compuserve.com) so that the booklet can be enriched and updated from time to time.

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ANNEX 1: CONTACTS FOR SPECIFIC MEDICAL CONDITIONS

The organisations listed below all offer information and support for patients and their families dealing with specific medical conditions. Several have established help lines as well as offering free publications on a number of related topics.

Condition	Website	Telephone
ALZHEIMERS UK² ALZHEIMERS Scotland	www.alzheimers.org.uk http://www.alzscot.org/	0300 222 11 22 0808 808 3000
ARTHRITIS	www.arthritis.org.uk	0800 5200 520
BLINDNESS	www.actionforblindpeople.org.uk	0303 123 9999
CANCER	http://www.cancerresearchuk.org/home/	0808 800 4040
	http://www.macmillan.org.uk/Home.aspx	0808 808 0000
	www.maggiescentres.org	0300 123 1801
	www.mariecurie.org.uk	0800 090 2309
DEMENTIA (including Admiral Nurses specialised mental health services in the community and other settings) (and see footnote 2)	www.dementiauk.org	0800 888 6678
DIABETES	www.diabetes.org.uk	0345 123 2399
HEARING ISSUES	www.actionhearingloss.org.uk	0808 808 0123
HEART ISSUES	www.bhf.org.uk	Heart Helpline: 0300 330 3311
HUNTINGTON'S	www.hda.org.uk	0151 331 5444
LUNG ISSUES	www.blf.org.uk	0300 003 0555
MENTAL HEALTH	www.mind.org.uk	0300 123 3393
MULTIPLE SCLEROSIS	http://www.mssociety.org.uk/	0800 800 8000
OSTEOPOROSIS	www.nos.org.uk	0808 800 0035
PARKINSON'S	www.parkinsons.org.uk	0808 800 0303
STROKE	www.stroke.org.uk	0303 3033 100

² BAFUNCS has produced a leaflet entitled "Where to find information and advice on dealing with the problems of Alzheimer's disease and dementia" (May 2013). Contact: <http://bafuncs.org/>

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ANNEX 2: CONTACTS FOR OTHER HELPFUL AGENCIES

Agency	Website	Telephone
BAFUNCS	http://bafuncs.org/	
CRUSE BEREAVEMENT CARE	www.cruse.org.uk	0808 808 1677
CITIZEN'S ADVICE	www.citizensadvice.org.uk for general information and how to find a Bureau and for online information (England – there are separate sections for Wales and Scotland)	03444 111 444 03444 77 2020 (Wales)
ACTION ON ELDER ABUSE	www.elderabuse.org.uk	0808 808 8141
RED CROSS	www.redcross.org.uk	0344 871 1111
SAMARITANS	www.samaritans.org	116 123 (in an emergency) or 020 8394 8300
RVS (previously WRVS)	www.royalvoluntaryservice.org.uk/	0845 608 0122

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ANNEX 3

GUIDE TO THEBAFUNCS BENEVOLENT FUND

(B B F)

The Trustees of the Fund are pleased to provide this Revised Version of the BBF Guide for the information of BAFUNCS members. We owe the existence of the Fund to the generosity of those members who have contributed to it in the past.

We trust that members will continue in the future to maintain existing covenants or avail themselves of the Gift Aid Scheme in order to make tax effective contributions to the Fund to be used to benefit less fortunate former colleagues.

Revised Version

February 2015

ORIGIN

In October 1984, the British Association of Former United Nations Civil Servants (BAFUNCS) received a bequest of £5000 from the estate of Esther Simmons, a former member, in recognition of the comfort she had derived from her contact with BAFUNCS. The bequest was gratefully accepted as it fell within the "Objects of the Association" under clause 2(iii) – "To extend welfare to its members and former employees of the United Nations Civil Service and their spouses in need". The Executive Committee of BAFUNCS (ExCo) established the Esther Simmons Fund from which it made a few awards during 1986.

Subsequently, for administrative and financial reasons, ExCo recommended that the Fund should be instituted as a recognised charitable organisation independent of BAFUNCS itself. The draft constitution was approved by the General Assembly at its 10th AGM at Eastbourne in 1987 and the BBF was registered by the Charity Commissioners on 23 September 1987 – (Registered Charity No.297524)

In 2008/09 the Benevolent Fund received a large bequest (£435,897) from the estate of the late Denise Erica Thomas. The Trustees sought the best investment instruments, while at the same time seeking new opportunities to use the funds for the benefit of members, and other former UN civil servants who are normally resident in the UK.

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CONSTITUTION

BAFUNCS Benevolent Fund, or BBF, was registered under the Charities Act 1960 and is subject to the provisions of the more recent Charities Act of 1992. Its constitutional, administrative and financial procedures meet all the current requirements of the Commissioners.

The object of the BBF is to relieve in cases of need, hardship or distress persons who are former employees of the United Nations Organisations or of its Specialised Agencies and the spouses, widows, widowers and other dependants of such persons. It should be noted that support is not limited to BAFUNCS members but is also available to any former employee of the United Nations resident in the United Kingdom.

THE TRUSTEES

The functioning of the BBF rests solely in the hands of the Trustees. Amendments to the Constitution require both their unanimity and the written consent of ExCo. The Clerk to the BBF, also a Trustee, prepares and deals with all the financial information required by the Charity Commissioners and the HM Revenue & Customs for tax refunds. All requests for information and assistance should be directed to the Clerk. The Chairman makes a courtesy report on the activities and financial status of the Fund each year to the Association, at the time of its AGM.

The maximum number of Trustees is nine and the minimum is five (sect. 11) they must be members of BAFUNCS, unless the Association ceases to exist. The statutory power of their appointment rests exclusively with the ExCo. They are appointed for life or until they retire.

The present Trustees are:

John Doherty	May 2014	
Cyril Groom	May 2002	Chairman 2003 –
Susan Idreos	May 2007	
John Miller	May 2010	Clerk/Treasurer 2013 –
Penelope Ratcliffe	May 2010	
Brenda Sutters	May 2004	

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ADMINISTRATION OF THE FUND

Requests for grants or loans may be made directly to the BBF or via the Regional Welfare Officers of BAFUNCS. To discharge their duties and ensure their accountability to the donors, the Trustees may require an additional assessment of the need. Thus they may act alone or, with the prior agreement of the applicant, seek advice from the appropriate Welfare Officer. At all times strict confidentiality is maintained.

The objects of the BBF give the Trustees a very wide range of needs for which it can pay grants or loans. In fact, there is little the Fund cannot support except for payments to BAFUNCS itself in any form, including subscriptions. The Trustees, as a guide to potential applicants, have listed general categories by which requests are judged.

- A. Remedial medical and surgical attention.
- B. Respite care, to release a family carer, and convalescence, including short-term home help.
- C. Aids for the handicapped - *mobility aids such as special wheel chairs; stair lifts; bathing hoists; specialised vision & hearing aids.*
- D. Household aids for the aged – *“Bleep” warning systems; controlled entrance door locks; rising chairs and bed lifts; walk-in baths or showers.*
- E. Assistance towards transport costs for Hospital out-patient visits; or visits by family or a BAFUNCS member to a hospitalised patient.
- F. Convalescent visits to family and remedial holidays
- G. Loans or grants to meet short-term emergencies
- H. Others, including general and compassionate grounds

For the present, the Trustees consider that the Fund can only support one-time claims for a grant. It cannot commit itself to recurrent claims such as regular annual payments or long term hospitalisation and convalescence. Also, it can only consider support under categories A, B, and C if this is not available from such other sources as the National Health Service or Social Services. Loans are primarily made to the newly widowed while pension rights are being established or to pay hospital deposits before insurance refunds are made.

FINANCIAL OPERATIONS

At the end of 2014 the total assets of the Fund amounted to £537,317 made up of the original bequests, BAFUNCS members' donations and returns on investments. In 2014 the Fund made four grants totalling £19,784 and lent £5000. The previous year five grants totalling £3,791 were made. In addition BBF provides petty cash funds to participating BAFUNCS regions to provide comforts to members who are hospitalised or housebound.

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METHODS OF CONTRIBUTION

Donations to the Benevolent Fund are eligible under the **Gift Aid Scheme**. This enables the Fund to reclaim Income Tax at the standard rate on all donations, however large or small, provided a Gift Aid Declaration is completed stating that the donor has paid an amount of Income Tax or Capital Gains Tax at least equal to the tax the Fund reclaims on that donation during the tax year. The signed declaration is valid for a lifetime or until the donor revokes it. A Gift Aid Declaration form is attached. Many BAFUNCS members make an annual donation by means of a standing order on their bank and the form to set up an order is also attached.

Other **gifts and collections**, such as proceeds of raffles and Charities Aid Foundation cheques are added directly to the capital of the Fund. Although most welcome, they do not enable tax to be recovered, as under the Gift Aid Scheme.

Bequests and Legacies for the BBF are deductible before tax. The promise of a legacy helps the Trustees to take a long-term view of their resources.

From 2004 tax payers who complete self-assessment returns to the Inland Revenue can nominate any Charity to receive all or part of any refund/repayment. The BBF is registered with the Inland Revenue number **FAO 7FG** if members wish to avail themselves of this means of contributing to the BBF.

All correspondence and enquiries about these and other methods of contribution should be addressed to: Dr John Miller, Clerk/Treasurer to the Trustees,

BAFUNCS Benevolent Fund, 4 Roebuck Rise, Reading, Berks. RG31 6TP.

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BAFUNCS BENEVOLENT FUND
(Registered Charity No.297524)

GIFT AID DECLARATION

I,.....(name in full)

of(address)(town)

.....(county).....(post code)

wish to donate to BAFUNCS Benevolent Fund under the Gift Aid Scheme a Sum of
£..... per annum with effect from(date of first payment).

I understand that I must pay an amount of Income or Capital Gains Tax in the relevant
year not less than any tax reclaimed by the charity in that period.

SignatureDate.....

STANDING ORDER

To (name of bank)

of.....
.....(full address & postcode)

Please debit my account (name).....

Account No. Sort Code.....

and pay BARCLAYS BANK PLC (Sort Code 20-53-53) of 21 High Street, Lynton, Hampshire, SO41
9YJ for the account of BAFUNCS Benevolent Fund Account No. 50133949)
the sum of £..... (.....pounds sterling)

on.....(day, month, year) and a like sum each year until further notice.

Name (in block capitals).....

Signed.....Date.....

----- Please make sure the same sum is entered
into both the Declaration and the Standing Order and return the entire form to:

Dr. John Miller, Clerk/Treasurer to the Trustees,
BAFUNCS Benevolent Fund,
4 Roebuck Rise, Reading, Berks. RG31 6TP

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ANNEX 4

BAFUNCS Guide on Accommodation for older people³

This leaflet sets out the principal options open to elderly people seeking housing accommodation in the UK suited to their needs. The choice of where and how to live is such a personal matter that only general advice can be offered. Most models of accommodation for older people presume a need to accommodate a degree of diminishing physical or mental agility, but this is not their only purpose. Many relatively active individuals find their customary home or its surroundings less congenial than hitherto and seek something more appropriate to their lifestyle. All the issues involved are discussed in detail in the relevant publications listed under "Sources of Information" and should enable the reader to take a well informed course of action.

Whatever the motive for seeking accommodation, many factors must be carefully considered. For example, the present state (and future prospects) of one's health; the proximity of friends and family; the accessibility of shops, post office, banks, buses, trains, etc; the feasibility of keeping pets; the outlook (especially if one is largely housebound); one's readiness (or not) to conform to a communal ethos or to join social activities. Some compromises may have to be made, but these can be minimised if all the options available in one's area are explored.

With these considerations in mind, the principal options usually available are as follows:

- **Staying put:** continuing to live in familiar surroundings in one's present home, with adaptations to make life easier and safer. These may be no more than a grab-rail over the bath or a walk-in shower, but could be more drastic such as installing a stair lift, living on one floor only, modifying doorways, bringing electric sockets within easy reach, building raised flower beds, etc. Better insulation and double-glazing should make an old property warmer (important if the occupant is elderly and slow-moving). Domiciliary nursing and personal care, as well as 'meals on wheels', can be provided, or transport to clinics and lunch clubs arranged. This option has obvious attractions, but it can be hazardous for someone living alone, or who is seriously handicapped, even though he/she may carry an alarm system. Costs could be high, although some may be recoverable from the local authority or a health insurance scheme. Letting off the unoccupied part of the house would produce an income, but should not be contemplated lightly. The local Social Services Department provides all the advice needed when considering any of these measures.

- **Retirement housing:** (frequently referred to as "sheltered housing") consists of purpose-built or suitably converted apartments and bungalows which provide completely private living accommodation, with some communal and security facilities available. There is a wide variation, from the most spacious, luxuriously appointed, home to the more modest bed-sitting room with kitchen and bathroom, but all are designed to allow personal privacy. The provision and management

³ Edited to bring references to AgeUK and CQC up to date

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of these homes is by commercial enterprises, charities, or public bodies and they can be bought (usually leasehold) or rented. There are contractual arrangements governing site and service charges, management and occupier responsibilities, and re-sale procedures. There may be a communal lounge and dining room, and overnight guest accommodation. A full-time warden/manager is on call and medical or nursing care is readily available. For many relatively self-sufficient elderly people this option is ideal, offering as it does the best of both worlds.

- **Residential care homes:** provide bed-sitting rooms, ranging from large rooms with en-suite bath and toilet facilities to shared rooms and shared facilities. Couples can sometimes be accommodated and small items of personal furniture accepted. These homes are staffed by trained non-nursing personnel who help residents, when necessary, with dressing, bathing and other activities of daily living but, at the same time, encourage maximum self-sufficiency. There is a communal dining room and lounge and some social events are usually organized. Nursing, physiotherapy and allied services are brought in as required. If well managed, these homes can provide satisfactory lifetime accommodation in a caring and secure environment for frail elderly people.

- **Nursing care homes:** are similar to Residential Care Homes but with the important difference that they are managed and staffed round the clock by qualified nurses. The residents may be bedridden most, if not all, the time and need close nursing and medical surveillance. Consequently these homes tend to be more expensive than Residential Care Homes.

- **Combined (dual registered) homes:** are, as the name implies, a combination of Residential Care and Nursing Care Homes on the same site. An elderly person whose health deteriorates towards increasing dependence on others can continue to receive appropriate care without having to move to unfamiliar surroundings.

Registration and Ownership of Care Homes

All but the smallest homes have to be registered and are inspected twice a year, either by the local authority (residential homes) or the health authority (nursing homes). Inspection reports must be plainly visible at each home and can be obtained from the appropriate local authority. Local authorities run a number of homes of both categories, but the private and voluntary sectors are heavily involved. Some homes are run as businesses, others as non-profit operations by charities, professional groups, friendly societies, religious bodies, etc.

The Role of the Social Services

The Social Services Departments have a key role in ensuring the appropriate housing of all elderly people in their area. It is their duty, when alerted, to assess the needs of such individuals and to see that accommodation and support are provided. One is not obliged to follow their recommendations, but the advice of their assessors and occupational therapists should be given careful thought. If one can confidently expect to meet all the costs of accommodation and care, both now and in the future, it is not even necessary to consult with Social Services. However, if at a later date one seeks their advice or financial support, it may be easier for them to respond if they have been involved from the start.

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Meeting the Cost of Accommodation

The whole subject of the costs of accommodation and care varies so much with local practices, personal preferences and financial arrangements that it is not discussed in any detail here. Some private health insurance policies meet part of the cost of care home residence for a limited time; others reimburse only that part which is for medical and nursing care. Sometimes a care home charge covers nursing, making it difficult to determine the proportion of the total that may be reimbursable by health insurance.

Some of the uncertainties regarding liability for payment of nursing care have been clarified. The United Kingdom Government has accepted the principle that nursing care in nursing homes will be funded by the National Health Service. Where this principle is applied, nursing will have to be costed separately from other services and, if adopted in the private sector, could facilitate the settlement of insurance claims. The appropriate United Nations health insurance schemes should be consulted to define what is and what is not reimbursable.

Sources of Information

So much information is available on residential care, and so many guides are produced, that it is impossible to provide a detailed list for this leaflet. A few sources only are given. Most guides and fact sheets are free. Citizens Advice Bureaux and Social Services Offices may all be approached for information on all aspects of residential care, lists of care homes, advice on choosing a care home, and paying for residential care.

Age UK (an amalgamation of Age Concern and Help the Aged) has many free booklets available:
<http://www.ageuk.org.uk/information-and-advice/>

Tavis House, 1-6 Tavistock Square, London WC1H 9NA

Tel: 0800 055 6112 (website: www.ageuk.org.uk)

The BAFUNCS contact is: Dr Ziaul Islam, 32 Clarence Gate Gardens, Glentworth Street,
London NW1 6BA

Tel: 020 7258 1477 (e-mail: z.islam@btinternet.com)

Articles and advertisements appear frequently in national and local newspapers and magazines. Many offer free guides to retirement home and long-term care. The local Citizens' Advice Bureau will certainly assist.

The Care Quality Commission monitors, inspects and regulates social care services:

<http://www.cqc.org.uk/> 03000 616161

The CQC is required to inspect every care home in the country. It publishes its findings on its website.

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Annex 5

BAFUNCS guide to personal information checklists

Should you become seriously ill or incapacitated, it is very important to have personal information easily accessible in the home for the emergency services or carers. At the same time, the availability of such confidential information raises questions of security because it is essential to protect personal details against possible misuse. Therefore, members completing this form should be confident that they can safeguard the information, particularly Part 2 of this checklist. BAFUNCS cannot accept or assume any responsibility for this.

The Green Cross Scheme, also known as Emergency Data Link, or “message in a bottle” is being promoted by voluntary groups and increasingly by local authorities in the UK. It is a simple, effective way of providing the emergency services with vital medical and personal information if they are called to your home or visit it following an incident. Each “bottle”, in reality a small plastic canister, contains a form with personal details such as any medical conditions and related medicines, allergies, next of kin, dependants and even if there are pets in the home. A green cross sticker is placed at the entrance to the home, typically at eye level on the back of the front door, to inform the emergency services that you have completed the form. The location of the canister, usually inside the fridge, is marked by another green cross sticker on the outside of the fridge door.

The container, form and stickers, may be obtained free of charge from a variety of outlets such as Post Offices, libraries, health centres and pharmacies. Since the local promoters of the scheme vary, a good starting point to find out if the scheme operates in your area is the nearest Council Information Centre, Social Services Department of the Council, or the local library.

We commend the scheme to Members. Part 1 of this checklist is similar to that used by the scheme and can be used in its place, but if you use the scheme’s form, please go to Part 2 of this document. This part includes personal information that should not be easy to access. We recommend placing the completed form and attachments in a sealed envelope, signed across the seal, and labelled “To be opened only in the event of incapacitation or death”. The package should be left with someone in a position of trust such as a trusted family member, close friend or solicitor. This person should be identified in Part 1 of the Checklist (or message in a bottle form) as someone to contact in case of incapacitation or death. You should also consider giving Lasting Power of Attorney to one or more of those elected to take care of your affairs. Unlike a simple Power of Attorney, this remains effective should you become mentally incapacitated once registered with the Court of Protection. Advice on how to set up an Lasting

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Power of Attorney can be obtained from a solicitor, legal advice centre, Citizens Advice Bureaux or the Public Guardianship Office (*see reference overleaf*).

The BAFUNCS Personal Information Checklist does not cover every situation; it is intended to be amended according to individual circumstances. In most instances it will need to be expanded with additional lists. You may also wish to complement it with other guidance. For example, Age UK produces a Fact Sheet “Dealing with an Estate” (FS14, August 2016) that gives advice for personal representatives, next-of-kin and executors in the event of death. (BAFUNCS Leaflet INF 3 “When a pensioner dies” also gives advice to a surviving spouse or civil partner as to what they need to do.)

Finally, we should stress that neither this checklist nor the forms mentioned above are in any way Wills. They do not deal, for example, with what should happen to your property or savings. It cannot be emphasized enough that BAFUNCS members should make a Will, otherwise your possessions will be distributed according to intestacy rules rather than your own wishes.

Annexes to the Personal Checklists

Lists that may usefully be attached to your personal information checklist include:

Part 1

- List of medications (or your latest repeat prescription slip)

Part 2

- Funeral arrangements
- Investments held outside of portfolios
- Items of value such as jewellery, antiques, paintings, objets d’art (include any valuations)
- List of individuals to be contacted in the event of serious incapacitation or death (rather than providing a separate list, reference can be given to an address book)
- List of organizations (including BAFUNCS) to be contacted in the event of serious incapacitation or death

Further Reading and References

Preparing a personal checklist will assist you in preparing your Will or even household contents insurance! Apart from professional advisers such as accountants and solicitors, other sources of information include organizations for retirees and the elderly, particularly Age UK, as well as government and local council departments.

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Websites

www.hmrc.gov.uk and specifically

www.hmrc.gov.uk/inheritancetax

www.ageuk.org.uk or 0800 055 6112 (England); 0333 3232400 (Scotland); 029 2043 1555 (Wales); 0808 808 7575 (Northern Ireland)

www.publicguardian.gov.uk :For information on setting up a Lasting Power of Attorney

<https://www.organdonation.nhs.uk/about-donation/> or 0300 123 2323 for information on NHS Donor Register

Leaflets

INF2 When a pensioner dies BAFUNCS

Planning for a funeral - Factsheet 27, Issued: January 2016, AgeUK

This factsheet briefly explains arrangements that can be made in advance for a funeral.