

Planning for the end of life



advice and support for older age

**Independent
Age**

Thinking ahead now
for peace of mind later



Thank you

Independent Age would like to thank those who shared their experiences as this guide was being developed, and those who reviewed the information for us.

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The sources used to create this publication are available on request.

Contents

About this guide	2
1. Terms you might encounter	3
2. Planning ahead for the end of your life	5
3. Support to plan for the end of your life	9
4. Thinking about your health and care	19
5. Thinking about where you'd want to live	32
6. Thinking about your funeral	38
7. Thinking about your finances and property	41
8. Financial support	45
9. Checklist	50

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 Health & care
information
you can trust

The Information Standard



About this guide

This guide can help you think about your wishes, rights and needs, whether you are nearing the end of your life or are simply planning for the future. It can also help you if you're assisting someone else to make decisions. You may find it more uncomfortable to think about some things than others, so don't feel you have to read the whole guide at once: take your planning at a pace that suits you. It's up to you to decide what is important and when you feel ready to consider it.

Thinking about your preferences in advance can make a stressful time easier for you and those around you. It's also important to know your rights to things like healthcare or benefits and to be aware of the support that is available.

We spoke to older people about their experiences. Their quotes appear throughout.

In this guide you'll find references to our other free publications. You can order them by calling **0800 319 6789** or visiting independentage.org/publications.

Terms you might encounter

Life-limiting illness

A condition you will die with or from, although you may still live a full and active life for many years.

Terminal illness

Can be used to describe a life-limiting illness that is in its final stages. This term may be used if you might die within the following six months to a year.

Life-sustaining treatment

Treatment that could keep you alive, such as CPR if your heart stops.

Prognosis

A prediction about the likely outcome of your medical condition and your chances of getting better.

Palliative care

Care that may be given to you if you have an illness that can no longer be cured. It can include healthcare, such as managing pain and symptoms, and also help with psychological and

spiritual needs. It aims to give you the best quality of life possible. It might be given anywhere – for example, at home, or in a day centre, hospital, care home or hospice.

Mental capacity

The ability to make and communicate your own decisions when they need to be made. You might lose this because of an illness such as dementia, or if you were unconscious, for example. You may have mental capacity at some times, but not at others.

Means testing

Looking at your finances to work out whether you qualify for financial help from the government or local council. Social care is usually means-tested.

Planning ahead for the end of your life

There are a number of reasons why you might start thinking about your death and making plans for how you would want it to be. For example:

- someone close to you has died
- you have been diagnosed with a life-limiting illness
- you have health conditions that are likely to get worse
- you have strong opinions about what you'd want – for example, about the treatment and care you receive at the end of your life, or about how your funeral should be.

Whatever your reasons, this can be an emotional subject to consider. It's a good idea to involve people you are close to – such as your family and friends – in your plans. Doing this can provide you with emotional support, prepare those close to you for the future, and make sure that they are aware of your wishes.

Why do I need to plan ahead?

It's like filling in a tax form – you know you've got to do it, but you leave it till the last minute.

There are many reasons why it might feel easier not to think about the end of your life. For instance:

- worries about upsetting the people you talk to about it, particularly family
- fear of death and dying
- not having someone you trust to discuss it with
- not knowing what your options are.

This is perfectly understandable, but there are many benefits to considering your views while you are able to do so. You can:

- make things easier for your friends and family – they won't need to agonise over what you would have wanted if you have made it clear to them

- make sure that your opinions and wishes are respected – for example, whether you'd want to refuse certain medical treatments in particular circumstances, what care you would want, and who you would want to inherit your property
- feel in control of the situation.

I think that one of the most important things is getting your children to realise that you're not going to be here that much longer. They think you're going to go on forever. And if they're prepared for it, I think it helps; if they know your attitude to it, it helps to ease it a bit.

You might think that your family or someone else close to you knows your wishes, but they won't automatically have the legal right to make decisions for you if you become too ill to make them yourself. It's important to make sure that your preferences for health and care treatment would be followed if you lost mental capacity – see chapter 4 for more information.

Also, it's easy to assume that people know what you want, but is there anything you've overlooked? They might know whether you'd want a religious funeral, for example, but would they know what music you'd want, whether you'd want to be buried or cremated, and where you'd want your ashes to be scattered? If you have opinions on this, make sure you've told someone or made plans yourself.



Support to plan for the end of your life

This chapter starts by looking at what support is available if you want to talk about and plan for the end of your life but aren't necessarily ill, and then has some specific information if you know you have a life-limiting illness.

Talking to other people about your plans

It might help you to talk to people you are close to, but it can be very difficult to start the conversation. Your friends and family might not want to think about the idea of you dying, or they might think they don't know enough to help you make plans. Here are a few suggestions that could help you to raise the subject.

- Think carefully about what you want to say beforehand, and consider writing it down.
- Let people know in advance that you'd like to talk about this. This gives them time to prepare themselves, so they don't feel ambushed into discussing a difficult subject.

- Pick an appropriate time and place. Don't introduce the subject when tensions are already running high or when you're pushed for time.
- Think about how you might introduce the topic, eg 'Organising dad's funeral made me think about what I would want'.

I wasn't ready for it. My wife, Dora, was always ready – she was brilliant. She always used to say, I want you to do this; I want you to do that. I used to say, I'll be gone before you. I wasn't ready for that conversation. It was good to talk about it and I appreciate it now. We should have talked more, but it is so sad.

Try to avoid just focusing on what would happen to your property and finances. People often find it harder to think about their care and wellbeing, but this is just as important.

For more tips on how to raise the subject, read our webpages **Difficult conversations** (independentage.org/difficult-conversations), or the Compassion in Dying guide **Starting the conversation** (compassionindying.org.uk/starting-the-conversation).

If you don't have anyone you feel you can discuss your wishes with, you can still plan for the future. You could talk to your GP – see chapter 4. If you are religious, you may want to talk to a local religious leader. You may also be able to find other opportunities to talk about death and dying in your local area.

For example, Death Cafes exist in some places and are growing in popularity. They provide opportunities for people to gather and discuss death in an open, accessible setting, over tea and cake (deathcafe.com). The concept may seem offputting, but they provide an opportunity to talk about death in a setting where people are willing to discuss it and won't try to lead your views or actions.

Organisations that can help you to plan

I'm someone who needs to know exactly what's going to happen to me. I'm very meticulous and I do like to make plans.

There are organisations that can provide support and information on dying and planning for the end of your life.

Compassion in Dying provides free information to help people understand their options and ensure their wishes for their care and treatment are known and respected ([0800 999 2434](tel:08009992434), compassionindying.org.uk).

Dying Matters aims to raise awareness of, and encourage people to talk about, dying and bereavement. It also helps people to make plans for the end of their life ([0800 021 4466](tel:08000214466), dyingmatters.org). Its online directory can help you to find local organisations that provide support at the end of life (help.dyingmatters.org).

For information about organisations that can provide support when someone dies, see our guide **Coping with bereavement**.



If you have a life-limiting illness

Being told you have an illness that will shorten your life can be very upsetting and overwhelming. Everyone will respond to this news in their own way: you may need to spend some time on your own, or you may want to have family and others you trust around you for support. Give yourself time to take in what you have been told.

You might want to talk to your doctor about your illness and what to expect. This can be difficult. Marie Curie has advice on talking to your GP about a terminal illness (mariecurie.org.uk/help/support/terminal-illness/diagnosed/doctors-appointments) and chapter 4 of this guide has some more information.



It's important to know that there is support and information available when you feel you want it. Charities, hospices, and other organisations helping people with specific illnesses can provide a range of help and advice. They might offer:

- helplines you can ring. For example, Marie Curie has a support line for anyone living with

a terminal illness and those caring for them (0800 090 2309). Marie Curie now supports people with any terminal illness, not just cancer. There are also helplines for people with specific conditions, such as Alzheimer's Society's National Dementia Helpline (0300 222 11 22) and the Stroke Association's helpline (0303 3033 100)

- face-to-face information centres or visits from volunteers
- support groups or online forums where you can talk to other people in similar situations
- counselling, emotional support or spiritual care
- information guides. For example, Marie Curie and Macmillan have jointly produced a comprehensive guide for people who are dying with cancer (be.macmillan.org.uk/be/p-20885-end-of-life-a-guide.aspx). Compassion in Dying has a guide for people who have recently been diagnosed with a terminal illness, to help them make informed decisions about their treatment and care (compassionindying.org.uk/what-now)
- support for carers. For example, Carers UK has an online forum (carersuk.org/forum) or you could call the Carers Direct helpline (0300 123 1053).



Ask your GP or local charity branches about support available in your area. Feeling distressed, angry, hopeless and depressed are normal reactions. If you're struggling to cope or these feelings have lasted a while, you might want to talk to your GP. You can also read our guide **Dealing with depression**.

Healthtalk.org has videos and written interviews from people sharing their experiences of living with terminal illnesses, which you may also find helpful ([healthtalk.org/peoples-experiences/dying-bereavement/living-dying/topics](https://www.healthtalk.org/peoples-experiences/dying-bereavement/living-dying/topics)).

Making plans

You might find that your feelings are chaotic and it is hard to focus on planning, but as time goes on you may find you're more able to do this. You might want to confide in those around you and talk about your fears and wishes. Some people also find that talking to a counsellor is helpful – speak to your GP for advice on finding one, or search for one online at [itsgoodtotalk.org.uk](https://www.itsgoodtotalk.org.uk). Make sure they're accredited by a professional body such as the British Association for Counselling and Psychotherapy.

What plans you want to make before your death will be a personal choice, but you might want to think about:

- conversations – have you said everything you want to? If talking to people is difficult, you could think about writing letters to people who are important to you. Or if you'd like to see people in person, try to arrange this
- your will – it's important to make one so that your wishes about who inherits your property can be followed
- the care and treatment you might need as your illness progresses

- your funeral
- what plans you might want to make for any dependants
- what plans you might want to make for your pets. The Cinnamon Trust may be able to help with this ([01736 757 900](tel:01736757900), www.cinnamon.org.uk).

You might not be able to speak when you're ill. My friend was with her mother when she was dying, and she said to her 'I want you to know that I know that you love me' because her mother couldn't speak at that point, and she didn't want her to worry about not having said that.

Thinking about your health and care

It can be difficult to think about what would happen if you became ill. However, this is just as important as considering your finances or your funeral. There might come a time when you're unable to tell people what you want – for example, following a stroke – so it's best to write this down in advance. It's important to review your decisions regularly to make sure they still reflect your wishes or changes in your situation.

If you have mental capacity (see page 4) you have the right to make certain decisions about your treatment and care, for example:

- the right to refuse treatment, including life-sustaining treatment
- the right to be involved in planning and making decisions about your health and care.

We had a good experience. John's mother was dying in hospital and we knew because we talked to her that she didn't want to be kept going. The doctor came and spoke to us and said, she has said she doesn't want us to keep giving her heavy medication – is that right? And we said yes, so they didn't and she just slipped away.

If you were to lose mental capacity, then a medical professional would usually make decisions about your care and treatment in your best interests. There are rules about how they must go about this – for example, they must take your past and present wishes, feelings, beliefs and values into account, and consult people close to you about what they think your wishes, beliefs and values are. What they decide may not reflect what you would have wanted. That is why it is important to plan for this situation.

There are ways to make certain decisions in advance so that doctors and care staff have to follow your wishes, or you could appoint someone you trust to make these decisions for you. These options are explained later in this chapter.

There are a number of ways you can record your preferences for your future treatment and care. They all need to be set up while you have mental capacity, and will usually only be used if you then lose mental capacity.



Talking to your GP

Your GP and other professionals involved in your care can help you plan your future treatment and care. They can help you explore your options and understand the implications of any decisions you make. They should also:

- record any decisions you make
- make sure your decisions are shared with others involved in your care
- make sure your decisions are reviewed regularly.

Many GP surgeries maintain a register of patients who need palliative care. Being on the register can help health and care professionals to communicate and coordinate your palliative care.

If you have a life-limiting illness, you might want to talk about future treatment for your condition, including palliative care options. Your doctor should be able to explain your options, and the pros and cons of each, in a way you can understand. This can be upsetting to think about, so you could take a friend or relative with you for support or to help you ask questions.

Don't feel that you have to fit everything into one conversation. It can take a while to plan everything as you would wish and you may not be able to take in all the information at once, so you might want to ask questions over a number of appointments.

Advance statement

This is a written statement of your wishes and preferences for your future care and treatment. You don't have to use a particular form or template for it. It isn't legally binding but it can help your family, friends, carers and doctors to know what your wishes are if they have to make a decision on your behalf. It needs to be set up while you have mental capacity.

I think it is important to actually write things down, not just talk about it. Because they can forget or misinterpret you, so I think if you have particular wishes you should write them down and let people know where you've written it.

Anyone making decisions about your care would have to take it into account if you then lost the capacity to make or communicate decisions. Unlike some other options for recording your wishes, this is not just about medical treatment. You can include your preferences on a range of matters, including:

- what food you like and dislike
- any religious or spiritual beliefs
- where you would prefer to live
- anything you'd want people to know about your daily life, eg when you like to get up and go to bed, whether you prefer baths or showers
- how you like to spend your time
- who you would want to visit you, or to be with you at your death
- who you would want to be consulted about your care
- what you would like to happen to your pets if you weren't able to care for them.

Once you have written your statement, make sure you tell people it exists and where to find it. You don't have to sign it, but signing and dating it can help people to confirm that it represents

your wishes. You could also include your personal details and a signature from a witness. It's a good idea to give a copy to your GP to store with your medical records.

Compassion in Dying has a free advance statement form that you could use (0800 999 2434, mydecisions.org.uk).

Advance decision to refuse treatment

An advance decision to refuse treatment (ADRT) allows you to specify treatments you would want to refuse in certain situations if you didn't have mental capacity. For example, you may state that if you were in a coma you wouldn't want:

- CPR if your heart stops
- ventilators to help you breathe
- food and fluids given artificially, for example through a drip.

You can specify whether you would want to refuse treatments in all circumstances, or only in certain circumstances. For example, you might specify that if you had late-stage dementia you would want to refuse antibiotics if you had a life-threatening condition such as a lung infection.

However, you can also specify that you wouldn't want to refuse antibiotics if you had a condition that would make you unwell but wasn't life threatening, such as a urinary tract infection.

You can't use an ADRT to:

- refuse basic comfort and care, such as food and water by mouth
- demand particular treatments
- ask for assistance to die.

You can make your ADRT:

- by telling someone about your wishes – for example, your GP or another medical professional. They can talk through the decision with you and record it in your medical notes
- in writing – if you want to refuse life-sustaining treatment, the ADRT has to be in writing and you and a witness must sign it. It must also include the statement that it applies even if your life is at risk.

My mum told all of us, if I'm ill I don't want to be resuscitated. I'm adamant on that. She did it legally – she had to get it signed. And although you want to keep them for yourselves, you've got to respect their wishes.

However you make your ADRT, it's a good idea to discuss it with a medical professional, as they can help you to understand any risks and make sure you have made your decision clear.

There's no specific form for an ADRT if you make it in writing. If you want some help to get started, Compassion in Dying has a free form with guidance notes ([0800 999 2434](tel:08009992434), compassionindying.org.uk/advance-decision-pack), or you can fill it in online at mydecisions.org.uk.



An advance decision is legally binding, as long as:

- you had mental capacity when you made the ADRT. It will only be applied if you don't have the mental capacity to make a decision
- your ADRT applies to the specific situation you're in and treatments you're refusing
- there have been no changes since you made the ADRT that might have affected your original decision, eg advances in medical treatment. This is one reason why it's important to review your ADRT regularly

- you haven't done anything that suggests you've changed your mind.

Do Not Attempt Resuscitation orders

CPR attempts to restart your heart if it has stopped. Its success varies. If your doctor thinks that CPR would be unlikely to help you if your heart stopped, they might consider a Do Not Attempt Resuscitation (DNAR) order.

DNAR orders are signed and issued by your doctor, and tell medical professionals not to attempt CPR if the situation arose. They are added to your medical records. You can't write your own DNAR order, but your healthcare team should usually involve you in discussions about CPR.

The difference between advance statements, ADRTs and DNAR orders can be confusing. You can call us on **0800 319 6789** to arrange to speak to an adviser.

Lasting power of attorney for health and welfare

A lasting power of attorney (LPA) allows you to appoint someone to help you make decisions, or to make them on your behalf if you're unable to. There are two types: one for property and financial affairs (see page 43) and one for decisions about your health and welfare. You can set up either or both.

Your health and welfare attorney would be able to make decisions about things like:

- your medical treatment and care
- your daily routine – eg how you dress and what you eat
- where you're cared for – eg moving to a care home.

If you want to give your attorneys the authority to give or refuse consent to life-sustaining treatment on your behalf, you must specifically state this.

Choose your attorney carefully. Do you trust them to make these decisions and would they be happy to make them? You can appoint more than one person as attorney.

The LPA for health and welfare can only be used once you lose mental capacity. You can cancel or change an LPA as long as you still have mental capacity.

To set up an LPA, you'll need to complete a form from the Office of the Public Guardian and then register it with them. There is a charge for this. For more information, see our factsheet **Managing my affairs if I become ill**.

If you have an advance decision and an LPA for health and welfare, the most recent one takes precedence over the other if a decision about your health or care needs to be made.

If you set up an Enduring Power of Attorney before October 2007, be aware that these only cover financial decisions, not health and welfare.

If you have any concerns about whether your wishes would be followed if you weren't able to make decisions, call us on **0800 319 6789** to arrange to speak to an adviser.

5 Thinking about where you'd want to live

Choosing where to live at the end of your life and where to die may be very important to you. It will often be a question of weighing up the benefits and drawbacks of each option. For example, you might feel more peaceful in the familiarity of your home, but if it's hard for your condition to be managed there, is it the best choice? It may also depend on what type of care you need.



Talk to your GP and people you are close to about what you would want and what might be

possible. It may be that a combination of settings would work best – for example, you might be able to live at home for as long as possible with the support of carers or district nurses, but move to a hospice or care home if you became unable to cope. Your GP can record your preferences, so that everyone involved in your care is aware of your wishes, and you could also record them in an advance statement (see chapter 4).

If you need care in your own home or in a care home, make sure you check whether the council or NHS should be paying for any of it (see chapter 8).

At home

Spending the end of your life in your home can be very comforting, with the reassurance of familiar surroundings and belongings, and home life continuing around you. You may find it helps you to feel more in control.

If you are ill, it might be possible to receive services at home to support you and anyone who is looking after you. For example, you may receive visits from a district nurse, or nurse specialising in palliative care or a particular illness. Speak to your GP about what services are available in your area.

You can also contact your council's adult social services team to request an assessment of your care needs. This looks at what help you might need, such as equipment or adaptations to your home. Read our factsheets **First steps in getting help with your care needs** and **Adapting your home to stay independent** for more information.

Some people decide they want to spend the end of their life at home, but if they are nearing death and very unwell, may find that this isn't possible and they'd rather be supported in a hospice, hospital or care home. Some people may move in with family rather than staying in their own home.



In hospital

Many people will die in hospital, but if you don't want this, talk to your doctor about other options. Hospitals may provide less privacy and unknown surroundings, but the staff will have the medical expertise to care for you and relieve pain where possible. If you want to donate your organs, this is only possible if you die in hospital. Some hospitals will have a specialist palliative care team to provide advice on pain and symptom control.

In a hospice

Hospices provide specialist care for people with terminal illnesses. They are smaller, quieter and calmer than hospitals, with more focus on caring for people as individuals. They provide a range of services including medical care and emotional support, and services like bereavement support for those close to you. If you choose to die in a hospice, you will usually move there in the last two weeks of your life.

People do typically go in and out of hospices and about 50% of people in a hospice bed at any time will return home.

Hospices also provide care for people in their own homes, or you may be able to stay in one for a few days to give your regular carer a break. Hospice care is always free. Ask your GP or a local hospice for more information or visit hospiceuk.org.

Hospices care for you in a way that is so supportive. If your life is going to end tomorrow, you want to be nurtured.

In a care home

You may already be living in a care home, in which case you might want to end your life in a place that you know. Care homes offer care and accommodation. There are different types: residential homes just offer help with personal care, and nursing homes offer nursing care and personal care. Some care homes will have their own specialist end-of-life teams, while others may use visiting services, for example from a hospice. Speak to the care home about what they can provide.

It may also be possible to move to a care home for a short period before you die, but bear in mind that some care homes have waiting lists and they can also be expensive. Check what is available in your local area. Our guide **How to find the right care home** has more information. Depending on your needs, you may qualify for NHS funding for your care home place – see chapter 8.

Thinking about your funeral

My older sister died unexpectedly and she had organised everything, down to the last sausage roll at the wake. I was so impressed.

Funerals or memorial services give those around you a chance to say goodbye and celebrate your life. You may already have considered what sort of funeral you want, perhaps after attending a funeral that was particularly good or bad. If you have clear ideas about your funeral, make sure you let your friends or family know about them. This will make sure they can respect your wishes and also ease the planning process for them after your death.

Things to consider

- Do I want my funeral to be religious or secular?
- Would I want to be buried or cremated? Where would I want to be buried or to have my ashes scattered?
- Where would I want the funeral or wake to be held?
- What songs or hymns would I want at my funeral?
- Would I want guests to do anything in my memory – for example, bring flowers or make charitable donations?

We have produced a short form, **Planning your funeral**, for you to fill in and share with your friends and family. It includes space for practical information, such as who will execute your will and details of your funeral plan if you have one, as well as space to record your wishes (independentage.org/funeral-planner).

Paying for your funeral

Funerals are expensive, so it could also help to think about how yours will be paid for. You can state in your will what money you're leaving to pay for your funeral, but money from your will may not be released immediately. This means your friends or relatives might have to pay the bill and reclaim the costs later.

You could also consider funeral insurance or pre-paid funeral plans. If you opt for a pre-paid plan, check what it covers; it won't always cover every part of the funeral. Also, make sure you discuss it with those around you, as many people are left trying to trace pre-paid plans after a death. If you're considering insurance, check how much the plan would pay out and whether you'd need to pay for anything extra. The Money Advice Service has more information on these options ([0800 138 7777, \[moneyadviceservice.org.uk/en/articles/funeral-plans\]\(https://www.moneyadviceservice.org.uk/en/articles/funeral-plans\)](https://www.moneyadviceservice.org.uk/en/articles/funeral-plans)).

For more information on planning and paying for a funeral, see our factsheet **What to do after a death**.

Thinking about your finances and property

It's important to think about what would happen to your property and finances both after your death and if you became ill and were unable to manage them yourself.

Making a will

Make sure you have an up-to-date will. If you don't, the law will decide what happens to your money and property when you die, which may not be the same as what you would have chosen. Having a will makes sure you won't pay any more Inheritance Tax than you should. It can also make it easier and less stressful for your family or friends to sort everything out after your death.

There are several ways to make a will. You can:

- write one yourself – you can buy templates in stationery shops or online
- use a will-writing service
- use a solicitor.



Unless your will is completely straightforward, it's best to get advice rather than write it yourself. For example, if your estate is likely to have to pay Inheritance Tax it's a good idea to use a solicitor. Will-writing services can be cheaper than solicitors, but unlike solicitors they aren't necessarily legally qualified.

Charities sometimes offer free will-writing services from a solicitor. In return, they might ask or encourage you to make a donation. For example, many charities are signed up to Free Wills Month (freewillsmnth.org.uk), which runs twice a year in some parts of England. It allows people over 55 to have a will drawn up or updated free of charge by a participating solicitor. It usually runs in March and October.

If your will is complicated, there may be a charge, so check with the solicitor in advance.

If you already support a charity, check if it is part of the National Free Wills Network. Some charities, including Independent Age ([020 7605 4451](tel:02076054451), independentage.org), offer their supporters free will-writing services through this.

Alternatively, you can find a solicitor through the Law Society ([020 7320 5650](tel:02073205650), solicitors.lawsociety.org.uk).

The Money Advice Service website has more advice on making a will ([0800 138 7777](tel:08001387777), moneyadviceservice.org.uk/en/categories/making-a-will).

Lasting power of attorney for property and financial affairs

This type of lasting power of attorney (LPA) allows you to appoint someone to make decisions about your money and property. For example, they could:

- manage your bank accounts
- collect your pension and benefits
- sell your home.

Unlike the LPA for health and welfare, the LPA for property and financial affairs can be used by your attorneys while you still have mental capacity, if you wish. You can cancel or change an LPA as long as you still have mental capacity.

Choose your attorney carefully, and remember you can appoint more than one person as attorney.

To set up an LPA, you'll need to complete a form from the Office of the Public Guardian and then register it with them. There is a charge for this. For more information, see our factsheet **Managing my affairs if I become ill.**

If you set up an Enduring Power of Attorney before October 2007, this can still be used, but be aware that these only cover financial decisions, not health and welfare.

Financial support

If you become unwell and need help to care for yourself, there may be financial help available. This can help to ease the strain on you and those around you at this stressful time.

Extra money if you're disabled

Most people who need care at the end of their life will qualify for a disability benefit.

Attendance Allowance is a benefit for people aged 65 or over who need help with personal care, or need to be supervised, because of a physical or mental disability. It isn't means-tested. It's paid at two different rates, depending on the level of care you need. If you're terminally ill and unlikely to live more than six months, you will automatically qualify for the higher rate. For more information on who qualifies, how to apply, and what the current rates are, read our factsheet **Attendance Allowance**.

You may also qualify for other benefits. Try our online benefits calculator (independentage.org/benefit-calculator) or call us on **0800 319 6789** to arrange a free benefits check.

NHS Continuing Healthcare

This is a free package of care arranged and funded by the NHS. You may qualify if you have a high level of health and care needs. This care can be provided in a variety of settings, such as a care home, hospice or your own home. If it seems you may need Continuing Healthcare, you'll be given an assessment to find out whether you qualify. If you do, the care you're assessed as needing will be paid for by the NHS.

If you have a terminal condition and your health is getting rapidly worse, you may qualify for a fast track assessment. If you're eligible, your care should be in place within 48 hours. For more information, see our factsheet **Continuing Healthcare – should the NHS be paying for your care?**

Read our factsheet **Help with health costs** for more information on help that may be available, for example with the cost of prescriptions or transport to and from hospital.

Help to pay for your care

If you need help to look after yourself, you may qualify for help to pay for this from your local council. This is usually means-tested. For more information, call us on **0800 319 6789** or read our guide **Paying for your care**.



David's story

"Until five years before she died, Mum lived independently in her own home. When she started to become unwell, she moved into sheltered accommodation. As her health deteriorated, we arranged carers for her and eventually she had to move into a care home. She reached the stage of not wanting to eat or drink and was telling us she had had enough and just wanted to go. She was confined to bed and died shortly afterwards. Even though we realised how ill she was, her death was still a shock.

"As her health deteriorated, we realised we needed help and advice to care for Mum. Social services and information from the internet helped, but it was talking to people who had been in the same situation that guided us to ask the right questions and pointed us in the right direction.

"Mum organised and paid for her own funeral plan. When she died this made everything easy for us, really helping us at a time when we were grieving. When it came to dealing with Mum's estate, my brother and I managed to apply for probate ourselves. There was a lot of paperwork

and we made a few mistakes but we managed with help from the HMRC helpline. We originally asked a solicitor to apply for us, but I'm glad now that we applied ourselves and didn't pay someone to fill forms out for us.



Picture posed by model

"When Mum died we had to search her belongings for her original will as her solicitor was no longer trading. This made me think about organising my own end of life plan to make everything as easy as possible for my children. I have made sure that all the paperwork they need is in one file. Including details of the original will and my funeral plan. Be organised – it's not hard.

"My mum was from a generation who hated wasting money. The consequence was that even when she could afford something, she would never treat herself, even when we encouraged her. I wish she had treated herself. After all, you only live once."

Checklist

In case of your death or an illness that left you unable to communicate, it's best to make sure people know about:

- your will
- your wishes for your funeral or other things you wish people to do in your memory
- your wishes for your care and treatment
- whether you have an advance decision or an advance statement
- where you would want to live and die
- whether you're on the Organ Donor Register
- whether anyone has power of attorney for you, and if so, which type
- what bank accounts, bills and insurance policies you have. Make a list of these

- whether you have a pre-paid funeral plan
- what you would want to happen to your pets
- where to find support for bereavement. Our guide **Coping with bereavement** can help with this
- what practical things they would need to do after your death. Our factsheet **What to do after a death** has information about this.



Our free advice guides

You may be interested in...



Coping with bereavement

Information on living with grief and loss, and where you can turn for support.



Choosing where to live

Your options if you're thinking of moving, and how to make the right choice for you.



Moneywise

Tips on saving money and claiming any extra money and benefits you're entitled to.

Our practical, jargon-free advice guides give you the information you need to get the most out of older age.

To find out about our full range of guides and order copies, call 0800 319 6789 or visit independentage.org/publications

The information in this guide applies to England only.

If you're in Wales, contact Age Cymru ([0800 022 3444](tel:08000223444), agecymru.org.uk) for information and advice.

In Scotland, contact Age Scotland ([0800 12 44 222](tel:08001244222), agescotland.org.uk).

In Northern Ireland, contact Age NI ([0808 808 7575](tel:08088087575), ageni.org).

We want the UK to be the best place to grow older and we have ambitious targets to increase the number of older people we help and the difference we make. We receive no state funding and rely on income from individuals, trusts and other sources to continue providing our services to hundreds of thousands of older people in need.

Visit independentage.org to make a secure online donation and find out about other ways to support us. Alternatively, you can call us on [020 7605 4223](tel:02076054223) or email supporters@independentage.org



About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility.

A charity founded over 150 years ago, we're independent so you can be.

For more information, visit our website **independentage.org**

Call us for information or to arrange free, impartial advice from an adviser. Lines are open 8am–8pm Monday to Friday and 9am–1pm Saturday. Freephone **0800 319 6789** or email **advice@independentage.org**



advice and support for older age

**Independent
Age**

Independent Age
18 Avonmore Road
London
W14 8RR

T 020 7605 4200
E charity@independentage.org
www.independentage.org
Helpline 0800 319 6789

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