CARE PREPARED.

5 things **to do** before care, **3** things that **can wait**. And, the **1** thing **not** to do.

Prepare for Care

Introduction

If you are reading this, something has probably changed.

Maybe a parent has had a fall. Maybe you have noticed that a loved one is not managing as well as they were. Maybe there has been a hospital stay, a diagnosis, or simply a gradual creeping awareness that things cannot continue as they are.

Whatever has brought you here, one thing tends to be true for most families at this point: you feel a pressure to get everything sorted immediately. To find a care home, sort out the finances, speak to a legal professional, and have a plan in place by next week.

That pressure is understandable. But it often leads to hasty decisions, family disagreements, and avoidable mistakes.

This guide will help you slow down just enough to do things in the right order. It covers five things to focus on first, three things that are less urgent than they might feel right now, and one thing you should never do before getting proper advice.

It is not a comprehensive guide to the care system. It will not replace a legal professional, a financial adviser, or a social worker. What it will do is help you understand what matters most right now, so that the decisions you make in the coming days and weeks are the right ones.

A note on this guide

The information here relates to England and Wales. Care funding rules differ in Scotland and Northern Ireland. Costs, thresholds, and local authority responsibilities are based on 2026 guidance and may change. Always take professional advice before making significant legal or financial decisions.

PART ONE

5 Things to Do First

These are the foundations. Get these right and everything else becomes clearer.

Step 1 of 5

Understand What Care Is Actually Needed

Before you can plan anything, you need to know what you are planning for.

There is a tendency, when someone we care about is struggling, to jump straight to solutions. We start looking at care homes online, talking to estate agents about the house, or calling legal professionals. This is natural. It feels like doing something.

But the most important first step is simpler and often overlooked: work out what level of care is actually needed.

Care is not one thing. It covers everything from a few hours of help at home each week to full-time nursing care in a specialist facility. The right option for one person at one stage may be completely wrong a year later. Getting clarity on this early shapes every other decision.

What the options actually look like

It helps to understand the main types of care before you start exploring them:

- Home care (also called domiciliary care): a carer comes to the person's home, usually for a set number of hours each day or week. This might cover personal care, cooking, cleaning, medication, or companionship.
- Live-in care: a carer lives in the person's home full-time. This can work well for people who want to stay at home but need round-the-clock support.
- Respite care: short-term care, often in a residential setting, to give a family carer a break or to support someone during a period of recovery.
- Residential care: the person moves into a care home, where staff provide personal care and support throughout the day and night.

- Nursing care: similar to residential care, but with qualified nurses on site. Appropriate for people with more complex medical needs.
- Dementia care: specialist care for people living with dementia, either at home or in a care facility designed for their needs.

The right answer depends on the person's current needs, how those needs are likely to change, their preferences, the availability of family support, and the funding available.

Requesting a care needs assessment

If you are not sure what level of care is needed, the right starting point is a care needs assessment from the local authority. This is a formal process, and it is free.

Under the Care Act 2014, anyone who appears to have care and support needs is entitled to a needs assessment, regardless of their income or savings. The local authority is required to carry one out if asked.

The assessment looks at what the person can and cannot do for themselves, what the impact is on their wellbeing, and what support might help. It does not commit the family to anything, and it does not automatically mean the local authority will pay for care. But it gives you an independent view of what is needed, which is genuinely useful.

You can request an assessment by contacting the adult social care team at the relevant local authority. The NHS website and Age UK both have clear guidance on how to do this.

What about a GP or hospital referral?

If the need for care has emerged following a hospital stay, the hospital's discharge team should already be involved in planning what happens next. It is worth asking what has been assessed and what recommendations have been made before you leave the hospital environment.

Your GP can also provide a picture of the person's medical needs, which is useful context when exploring care options.

The key question to ask yourself

Is this person's primary need personal care and daily support, or is it clinical and medical in nature? The answer matters because it affects the type of care needed, the cost, and in some cases, whether NHS Continuing Healthcare funding might apply.

A note on NHS Continuing Healthcare

If the person has a primary health need, they may be eligible for NHS Continuing Healthcare (CHC). This is funding that covers the full cost of care, regardless of assets. It is often misunderstood and frequently under-claimed.

CHC is not means-tested. It is based on need, not finances. The eligibility process involves a formal assessment, and families can request one if they believe it may be relevant. Age UK and the NHS both publish guidance on how the assessment works.

It is worth understanding whether CHC might apply before making any long-term decisions about funding care from personal assets.

Step 2 of 5

Check Whether the Right Legal Documents Are in Place

Care decisions often happen at the exact moment families realise they don't have the authority they need.

This is one of the most important things to get right, and one of the most commonly overlooked. Families can spend weeks trying to access bank accounts, speak to pension providers, or arrange care, only to find that no one has the legal authority to act on the person's behalf.

The time to put the right documents in place is before they are needed. If you are reading this in the middle of a care crisis, you may be working with limited options. But it is still worth understanding what is in place and what gaps exist.

Lasting Power of Attorney (LPA)

A Lasting Power of Attorney is a legal document that allows a named person (the attorney) to make decisions on behalf of someone else (the donor). There are two types:

Property and Financial Affairs LPA

This gives the attorney authority to manage finances: bank accounts, pensions, bills, benefits, and property. It can be used while the donor still has mental capacity (with their permission), or it can be set up to be used only if capacity is lost.

This is often the most urgent document to have in place, because without it, banks and financial institutions will not speak to you about the person's accounts, even if they are clearly unable to manage things themselves.

Health and Welfare LPA

This gives the attorney authority to make decisions about medical treatment, care arrangements, and day-to-day well-being. It can only be used once the donor has lost mental capacity.

Without this document, decisions about someone's care and medical treatment may be made by healthcare professionals without family input, unless the family has been informally consulted. Having a Health and Welfare LPA in place means the right person can speak with legal authority.

How to register an LPA

Both types of LPA must be registered with the Office of the Public Guardian before they can be used. Registration costs £92 per LPA in 2026. There are fee reductions available for people on low incomes, and exemptions for those receiving certain means-tested benefits.

The LPA forms can be completed online via the government website, or with the help of a legal professional. Using a legal professional costs more but reduces the risk of errors that might delay or invalidate registration. For people with complex family circumstances or large estates, professional help is usually worthwhile.

Registration currently takes several weeks, so it is important not to leave this until a crisis is already underway.

What if mental capacity has already been lost?

If someone has already lost mental capacity and there is no LPA in place, the only route to legal authority is through the Court of Protection. This is a significantly more complex, time-consuming, and expensive process.

The Court can appoint a deputy to manage financial affairs or make welfare decisions, but the process can take months and can cost several thousand pounds. It also involves ongoing reporting obligations.

This is one of the most compelling reasons to put an LPA in place as early as possible, while the person still has capacity to sign it.

Other documents to check

Alongside LPAs, it is worth knowing whether the following are in place:

- A current and valid Will, particularly if the person's circumstances have changed since it was written

- Any existing trusts or property arrangements, which may affect how care is funded
- Advance decisions to refuse treatment (sometimes called a living will), which set out what medical treatments the person does not want
- Advance statements, which express wishes and preferences about care without being legally binding

Checklist: Legal documents to review

Property and Financial Affairs LPA Health and Welfare LPA Will (is it up to date?) Any trusts or property arrangements Advance decision to refuse treatment Advance statement of wishes

Step 3 of 5

Get a Realistic Picture of the Money

Care is not just an emotional decision. It is a financial one too.

One of the most uncomfortable parts of preparing for care is looking at the money. It can feel mercenary to put a spreadsheet next to what is essentially a human crisis. But getting a clear financial picture early prevents much bigger problems later.

Families who avoid this conversation are the ones who end up making rushed decisions: selling property they did not need to sell, missing benefits they were entitled to, or running out of money mid-way through a care placement because no one had done the maths.

The goal here is not to create a perfect financial plan. It is to understand what is available, what care is likely to cost, and what decisions might need to be made.

What to look at

Start by pulling together the following:

- Income: pensions, state pension, any rental income, earnings
- Savings and investments: bank accounts, ISAs, Premium Bonds, shares
- Property: the home, and any other property owned
- Benefits: Attendance Allowance, Pension Credit, Housing Benefit, and others that may be relevant
- Existing care costs: anything already being paid for
- Outstanding debts or commitments

Once you have a picture of what is there, you need to understand what care is likely to cost. Costs vary significantly depending on the type of care, the location, and the level of need.

As a rough guide, in 2026 residential care in England typically costs between £1,000 and £1,500 per week, with nursing care costing more. Home care is charged by the hour, usually between £20 and £35 per hour depending on location and provider. These are indicative figures and should be verified for your specific area.

Understanding self-funding and local authority support

If the person's savings and assets are above £23,250, they will generally be expected to fund their own care. This is known as self-funding.

If assets fall below this level, the local authority carries out a financial assessment (sometimes called a means test) to determine what contribution, if any, the person should make towards their care costs. The local authority may then contribute to the remainder, up to the rate they have agreed to pay for a particular type of care in a particular area.

It is important to note that the local authority will only fund care in settings that meet the agreed rate. If the family chooses a home that charges more, someone must cover the difference through what is known as a top-up payment.

Benefits worth checking

Many older people are not claiming the benefits they are entitled to. It is worth checking:

- Attendance Allowance: for people over state pension age who need help with personal care due to illness or disability. It is not means-tested and is not affected by savings or income.
- Pension Credit: for people over state pension age with a low income. Many are entitled to this but do not claim it.
- Council Tax Reduction: if the person lives alone, they may be entitled to a 25% discount. If they move into care, an exemption may apply.
- NHS-funded nursing care: if the person is in a nursing home and has specific nursing needs, the NHS should contribute a standard weekly rate towards the nursing element of their care.

Planning for how long money may need to last

One of the most difficult parts of care planning is that no one knows how long care will be needed. Someone who moves into a care home might be there for three months or for ten years.

What families can do is model a range of scenarios. If care costs £1,200 a week and the person has £200,000 in savings, that money lasts roughly three years. If they also have a property, the picture is different. If they may be eligible for local authority support, the calculations change again.

This is the kind of work a financial adviser with expertise in later life planning can help with. It does not need to be done to a perfect level of accuracy right now, but having a rough picture avoids nasty surprises down the line.

What to do next

Before you speak to a care provider, a legal professional, or an estate agent, get a clear view of what is available financially and what care is likely to cost. This does not need to be a polished report. Even a one-page summary helps.

Step 4 of 5

Write Down the Person's Wishes Before Crisis Hits

The legal paperwork matters. But so does the person.

When the focus is on practical matters such as legal documents, financial assessments, and care options, it can be easy to lose sight of the most important thing: what the person themselves actually wants.

Care decisions made without any record of the person's wishes are harder for everyone. Families are left guessing. Professionals cannot be sure they are acting in the person's best interests. And if the person has lost capacity by the time decisions need to be made, their voice can effectively disappear from the process.

Writing down someone's wishes is one of the most valuable things a family can do, and it costs nothing. It just takes a conversation and some time.

What to ask and record

These are the kinds of questions worth exploring while the person can still answer them:

- Where would they prefer to receive care? At home for as long as possible? Near family? In a particular area?
- Who do they want involved in decisions about their care? Who do they trust?
- Are there types of care they would not want under any circumstances?
- What matters most to them day to day? Routine? Pets? Privacy? Staying connected to friends?
- Are there particular care homes they have heard of and would or would not consider?
- What are their cultural or religious preferences, and how should those be respected in a care setting?
- What does a good day look like for them?
- What is most important to preserve about their current way of life?

These are not easy conversations for everyone. Some families will find them natural; others will find them deeply uncomfortable. But they are far easier to have now than when a crisis is already unfolding.

How to record it

There is no single correct format. Some families use a simple document that they keep alongside other important papers. Others use the Prepare for Care planning tool to record and share this information securely.

What matters is that it is written down somewhere, and that the people who may need to refer to it know where it is.

An advance statement is a more formal way of recording wishes. It is not legally binding in the same way as an advance decision to refuse treatment, but it carries real weight in care settings. A social worker or healthcare professional is expected to take advance statements into account when making best interests decisions.

The emotional value of this conversation

Beyond the practical benefit, many families find that having this conversation explicitly, rather than assuming they know what their loved one would want, is one of the most meaningful things they do together.

It gives the person a voice in their future care. It reduces the guilt that family members often feel when making difficult decisions. And it helps carers and care providers understand the person behind the care needs.

Ask while you can

Wishes written down now, even in a simple document, give everyone involved a clearer guide when decisions become difficult. Do not wait until it is too late to ask.

Step 5 of 5

Create One Shared Family Plan

Most care crises become harder because everything lives in different people's heads.

By the time families reach step five, they usually have a clearer picture of the situation than they did at the start. But clarity in your own head is not the same as a plan that the rest of the family can work from.

Care arrangements involve multiple people: family members, professionals, care providers, local authority teams, legal professionals, financial advisers. Information gets spread across inboxes, phone conversations, and filing cabinets. Decisions get made without everyone knowing about them. Important documents go missing. Responsibilities are assumed rather than agreed.

Creating one shared plan does not mean everyone has to agree on everything. It means having a single place where the essential information lives, so that whoever needs it can find it.

What a family care plan should include

A good plan does not have to be long or complicated. It should cover:

- Key contacts: GP, legal professional, financial adviser, local authority social worker, care providers
- Legal documents: what exists, where it is stored, who the attorneys are
- Financial overview: income, savings, property, relevant benefits, current care costs
- Medical and care information: diagnosis, medication, allergies, care needs, known preferences
- Family responsibilities: who is doing what, who is the main point of contact, who can make decisions

- What has already been done: assessments completed, applications made, decisions taken
- What still needs attention: gaps, open questions, things to follow up
- Questions for the care provider: prepared before visits to avoid missing important things
- Questions for the local authority: particularly around the needs assessment and financial assessment

Sharing it with the right people

Sharing a plan like this requires some care, because it contains sensitive personal and financial information. It should only be shared with the people who genuinely need access to it.

Within the family, it can prevent misunderstandings, reduce duplication of effort, and make it far easier for someone to step in if the main carer becomes ill or overwhelmed.

Prepare for Care is designed to help families create and share exactly this kind of plan securely, in one place.

Reviewing and updating it

A care plan is not a one-off document. Needs change. Care arrangements change. Financial circumstances change. The plan should be reviewed regularly, and updated whenever something significant shifts.

Building in a regular check-in, even just once every few months, helps families stay ahead of changes rather than always reacting to them.

The goal of the plan

You do not need a perfect, comprehensive document to start. A clear, honest overview of the current situation, what has been done, and what still needs attention is enough to make a real difference.

PART TWO

3 Things That Can Wait

Not everything needs to be resolved this week. Here is what can wait.

One of the most common mistakes families make in care situations is trying to solve everything at once. The pressure to have every decision made, every form completed, and every arrangement confirmed can lead to choices that are difficult or impossible to reverse.

These three things are commonly treated as urgent when they are not.

1. Choosing the final care home

If care home placement is being considered, it can feel vital to find the right one immediately. This urgency is understandable, but it rarely reflects the reality of the situation.

Choosing a care home is a significant decision. It deserves time to research options, visit facilities, ask questions, understand how fees work, and consider what happens if needs change. A decision made in a hurry, under pressure, is often the wrong one.

There are situations where a temporary placement makes sense while a longer-term arrangement is worked out. Respite placements exist precisely for this reason. Taking time to make a good decision about the long-term option is almost always better than locking something in before you are ready.

Before committing to any care home, it is worth knowing the answers to questions such as: What is included in the fee, and what is charged as an extra? What is the home's approach to dementia care, if relevant? What is the staff turnover like? How does the home handle someone whose needs increase over time? Is there a deferred payment option available through the local authority?

2. Selling the family home

There is a widespread assumption that when someone moves into a care home, the family home has to be sold to pay for it. This is not always true, and acting on that assumption too quickly can be a costly mistake.

Several factors affect whether property must be considered in a financial assessment. The home may be disregarded entirely if a spouse or civil partner still lives there, if a dependent relative lives there, or in certain other circumstances. There is also a mandatory disregard period of 12 weeks at the start of a care home placement, during which the property's value is not taken into account.

Deferred payment agreements are also worth understanding. Under this arrangement, the local authority pays towards care home fees and is repaid later, typically from the sale of the property after the person has died. This means it may be possible to avoid selling the house during the person's lifetime.

The rules around property and care funding are complex. Before making any decision about selling, it is worth getting specialist advice from a financial adviser with expertise in later life care funding, or from a legal professional.

3. Solving the whole future at once

Care situations involve uncertainty. No one knows how long someone will need care, how their needs will change, or what funding will be available in years to come. Families sometimes try to create a comprehensive ten-year plan in the first few weeks of a care situation, and this is rarely possible.

What you need first is clarity about the present: what care is needed now, who can make decisions, what money is available, and what risks need attention in the near term. That foundation makes everything else more manageable.

The plan you build can be updated as circumstances change. The important thing is to start with a clear picture of where things stand today, not to have every future scenario mapped out before you take a single step.

PART THREE

1 Thing You Should Never Do

This one is important. Please read it carefully.

Never move money or assets to avoid care fees without proper advice

This is the most important warning in this guide.

When families begin to understand the cost of care, and the prospect that a lifetime's savings and a family home might be used to pay for it, the instinct to protect those assets is entirely human. Someone will mention that gifting money to children, transferring property, or putting assets into a trust will mean the council cannot touch them.

This is one of the most dangerous pieces of advice in the world of care planning.

Deprivation of assets

If the local authority believes that someone has deliberately reduced their assets in order to avoid paying for care, they may treat the person as if they still own those assets when calculating their contribution to care costs. This is known as deprivation of assets, and it applies regardless of when the transfer took place. There is no fixed time limit.

The local authority does not need to prove that avoiding care fees was the only motivation. They simply need to believe that it was a significant reason. If they make that determination, they can include the value of the transferred asset in the financial assessment, even if the money has already been spent or passed on to someone else.

In some cases, this can leave families in very difficult positions: the person needs care, the local authority will not fund it because they have assessed the person as having sufficient means, but the money itself no longer exists.

Why people get it wrong

The confusion often arises because there are legitimate ways to structure assets, make gifts, and plan for later life that are perfectly legal and sensible. The problem is not with the goal of thoughtful financial planning. The problem is doing it without specialist advice, without understanding the rules, or at a point when care needs have already emerged.

A financial adviser who specialises in later life planning, or a legal professional with expertise in care funding, can advise on what is and is not appropriate in your specific circumstances. The rules are complicated, and what is right for one family may not be right for another.

Untrustworthy Trusts

Many Families are under the false impression that they can use trusts to shelter assets from being used either to pay for care or as part of the affordability assessments. This is not true, while there are unscrupulous salespeople who will tell you otherwise. Trusts are a financial planning tool, not a silver bullet that will protect everything within them. The reality is that they are appropriate for a very small number of families. A common test is to ask the simple question: Is care on the horizon? If the answer is yes, then it is likely too late to establish a trust; in fact, doing so is likely to be seen as deliberate deprivation of assets. Often, families who are sold a trust are left with a hefty bill for establishing the trust, only for it to be unwound after being deemed an act of deprivation. If you would like to find out if you are one of the small number of families who could benefit from a trust, always seek professional advice from an independent financial advisor or legal professional.

The short version

Before you make any significant financial decision, particularly if it involves gifting money, changing property ownership, or setting up trusts, get proper professional advice. The cost of that advice is very small compared to the cost of getting it wrong.

PART FOUR

Where to Go From Here

There are plenty of resources and professionals available to help.

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If you have read this far, you are already doing the right thing. Most people in your position are trying to handle an enormous amount of pressure, often while also managing work, their own family, and the emotional weight of watching someone they love struggle.

The aim of this guide was not to tell you everything there is to know about care. It was to help you see what matters most right now, and to avoid the mistakes that make an already difficult situation harder.

To summarise the key points:

1. Find out what level of care is actually needed. Request a needs assessment from the local authority if you have not already done so.
2. Check what legal authority is in place. If there is no LPA, take steps to put one in place as soon as possible.
3. Get a clear picture of the financial situation. Understand what is available, what care costs, and what support might be available.
4. Write down the person's wishes. Have the conversation while it is still possible to have it.
5. Create a shared family plan. One document, accessible to the right people, makes everything easier.

Three things do not need to be decided right now: the permanent care home choice, whether to sell the property, and every future scenario. Take the time to get these right.

And one thing should never be done without professional advice: moving money or assets to avoid care fees.

Prepare For Care

Prepare for Care is the first online solution designed to give you the complete plan for care. Each Prepare for Care support tier starts with our ‘Care Readiness Assessment’, an online questionnaire that considers your financial, legal and Social needs, the Care Readiness Assessment will create a personalised plan for you based on your answers and needs. After you have received your report, you will get a follow-up call with a care advisor who will walk you through the next steps and make sure your plans reflect the care goal that is right for you and your loved ones.

Prepare will also provide ongoing support for you and your family as you progress through your care journey. Whether you need specific advice regarding funding, capacity or Legal processes, we will be there with you as an advisor or just the independent voice in the room.

Developed with over 20 years of Legal and Care planning experience, our own lived experience, and the support of the Alzheimer's society, Prepare for Care is here for you.

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