

# **Cost of care and legal affairs brochure**



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# Cost of care with Curam

Finding the right carer to suit your individual needs should be as simple and friendly a process as possible. You'll likely have a specific budget in mind, but with many different options and prices in front of you, it can feel a little overwhelming.

It is best to have an understanding of the average costs involved with the different types of care available. Let's take a look at how it all breaks down and how much money you can expect to spend and save. And remember, all rates agreed with the carer include Curam's fee. There are no hidden additional charges.

# Cost of hourly care

With Curam, you can choose from hourly, live-in and overnight care.

Hourly care is the most common form of in-home care, providing care at times that best suit your needs and fit around your lifestyle.

## How much does hourly care cost?

- The average cost of hourly care in the UK for private clients is typically between £20 and £30 per hour. This includes contract fees and administrative charges
- Councils usually pay around £17 per hour
- Average hourly fees for a home carer with Curam range between £13 – £17 per hour
- A carer through Curam is paid through the platform – many carers will negotiate, allowing you to save on every hour of care needed with a carer of your choosing.



# Cost of live-in care

With live-in care, a carer works in your home between 8 and 10 hours per day, though they are expected to be on-hand for 24 hours a day.

Usually, a live-in carer will work two-to-three weeks on a rota with another carer. Live-in carers can also provide respite care when a primary carer wishes to go on holidays or take a break.

## How much does live-in care cost?

- A live-in carer sourced via a home care agency will cost between £900 and £1,400 per week
- Depending on the level of care required, this can rise to as much as £2,000 per week
- In contrast, a live-in carer through Curam charges an average of £880 per week
- On a daily rate, that works out at £125 per day
- Each self-employed carer sets their own rates in line with their qualifications, experience and the complexity of your needs
- A carer's rate of payment is displayed via their profile and is generally negotiable depending on the number of hours worked and the bespoke conditions of the job.





# Cost of overnight care

Overnight care is often an option for those who need assistance, reassurance and security throughout the night.

There are two common types of this care – sleeping night care and waking night care. A sleeping night carer generally sleeps through the night but is available to rise once or twice if required.

A waking night carer stays awake and alert through the night. As such, the cost of overnight care will differ.

## How much does overnight care cost?

- Agency carers charge up to £150 per night for overnight care, with hourly rates for waking care starting at £20 per hour
- With Curam, average carer fees are £90 per night or £13 – £17 for waking care





# Why Curam costs less than an agency

You may well ask – what is the difference between Curam and a traditional agency, and why are the savings so significant? Don't worry, we don't compromise on quality.

On the contrary, we only approve the best people available and you can choose the best person for you. With Curam, you get to choose, interview and trial the carer before hiring them on an ongoing basis.

This level of freedom extends to our notably cost-effective system. Usually, an agency will charge extensive fees required to cover its day-to-day costs. Using our technology ultimately reduces the cost for you and enables your carer to be paid more.

- With Curam, the carers are self-employed
- There are no joining fees
- We ensure that the carers are fully vetted
- We manage all of the admin including insurance, service agreements, invoices and a secure payment system
- This process allows us to keep our fees low at just 12.5% +VAT
- The bottom line – the client pays less and the carer receives a higher wage



# Why Curam costs less than an agency

- Choose from thousands of trusted, experienced and vetted self-employed carers
- Find and message a carer within minutes, hire them within hours
- On average, 12-14 applicants within 24 hours for every job posted
- State-of-the-art carer vetting and approval process
- All carers are covered by full carer insurance
- Complete control over who cares for your friend or family member









# How payment works

As with choosing a carer in the first place, paying for the service is efficient, hassle-free and suited to your situation thanks to our sophisticated and secure technology.



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Payment is made through the Curam app or website via an independent secure payment system and never directly to the carer



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Your carer will create a service agreement and a shift invoice which will automatically be sent to your account for approval



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Once approved, you will be taken to the payment portal. Your payment will be held securely until the designated shift is completed before being released to the carer following two working days, minus our fee



# Funding Care

Depending on your financial situation, paying for care could present a complex and potentially difficult challenge.

Thankfully, funding is often available to those in need of support with their care options.

**Take a look at the steps below  
and see how they apply to you.**

- Apply for **local authority funding**
- Check your eligibility for government benefits with a **benefit calculator**
- Check your eligibility for **NHS Continuing Healthcare Funding**
- Other options such as **equity release** may be available



# Local authority funding

## What is local authority funding and where to begin with it as an option?

- **The Care Act 2014** sets out the duties of a local council in relation to care
- The Act declares who is eligible for local authority funding
- The Act ensures that people know their rights
- The Act determines whether or not the council should be paying for their care
- The council may also directly organise the person's care if this is what they want

# Am I eligible for local authority funding

In order to become eligible for local authority care funding, the person has to live in the local area and require help when it comes to managing daily tasks.

Someone may also be eligible for funding if they are a carer and need support. This instance is determined through a carer's needs assessment.

An individual may be able to avail of local authority funding if they meet the following terms:

**Take a look at the steps below and see how they apply to you.**

- They have a physical health need
- They have a mental health need
- They have an illness
- They are unable to complete important everyday tasks
- Their well-being is significantly affected by not receiving help and support





# How to get local authority funding

**Applying for local authority funding is a relatively straightforward process.**

Simply consult the options below and see what method might suit you best.

- Ask social services for a needs – or a carer’s –assessment
- This is a free assessment and anyone may request it
- It is also possible for a healthcare professional to refer an individual to the local council
- You can **[apply for local authority funding online](#)**
- If your situation is urgent, be sure to directly state this on your application
- Once you have applied, follow up on your request if you don’t hear back within a week

# What will the assessment consist of?

The result of financial needs assessment will determine how much money you are obliged to pay towards the cost of your care.

To calculate that amount, the assessment will look at:

**Take a look at the steps below and see how they apply to you.**

- Income – earnings and benefits
- Pension
- Savings – including joint accounts
- Property – including those overseas
- Instances of gifting money and/or property away to family or friends



# How does my financial status affect local authority funding?

Your finances have a considerable impact on the amount of local authority funding you may be eligible for.

On average, most people contribute something towards the cost of care and the thresholds are low. People are encouraged to seek financial advice if the process proves difficult.

- £14,250 – If you have less than this figure in assets and savings, your local authority will fund your care
- Up to £23,250 – The council will fund some of the costs, you will pay the remainder
- Over £23,250 – You will be expected to pay for your care without additional funding

# Do I have to sell my home to pay for care?

As highlighted previously, your local authority will examine all of your assets including property in order to assess your eligibility for funding.

In certain circumstances, this may raise the question of having to sell your own home in order to pay for care. In black-and-white terms, the short answer is:

- **NO** – If you need care to remain in your own home or your partner co-owns your house and lives there with you, the value of your property will not be assessed
- **YES** – If your care plan recommends a permanent place in a care home or a nursing home, the value of property will be considered as part of the overall assessment



# What happens after the assessment?

**Your council will contact you with the results of your assessment.**

- This communication is known as your personal care budget
- Your personal care budget outlines what care you have to pay for
- It also details what support you are eligible for
- If approved, you have the option to receive funding as a direct payment
- A direct payment gives you control of how you spend your money
- This gives you control over your preferred method of care
- Alternatively, the council can organise care on your behalf and bill you accordingly



# NHS continuing healthcare funding

There is an option to avail of funding through the National Health Service (NHS) via a platform known as **NHS Continuing Healthcare.**

This can be a complicated path, given the nature of who qualifies for this funding scheme.

If you do qualify, the NHS will cover all of your care costs.

- **Who Qualifies?** – Generally, NHS Continuing Healthcare is reserved for adults with specific long-term and complex healthcare needs. Eligibility is determined based on an overall needs assessment rather than an individual
- **Who Decides?** – NHS Continuing Healthcare is awarded by a multidisciplinary team of healthcare professionals in line with a two-stage process. An initial checklist will decide if a full assessment is required. This does not ensure that you qualify for funding but does present an opportunity for your case to be heard
- **Where Can I Receive It?** – NHS Continuing Healthcare may be provided in a home setting or through a nursing or caring home based on personal preference



# Self-funding care

Depending on your circumstances, your care needs assessment may conclude that you are required to self-fund part of or the entirety of your care.

Naturally enough, this outcome may cause some anxiety.

However, there are many private care options still available to you. At Curam, **we prioritise affordable care of a high standard.**

## There are three main types of self-funding care to consider:

- Paying for home care
- Paying for residential care
- Paying for nursing care

## Are there specific benefits for self-funded care?

Yes. Not all benefits and allowances are means-tested and so you may be entitled to them regardless of your savings and income.

Many people are unknowingly eligible for certain benefits and thus never claim.

Below, you will find a list of potential self-funded care benefits that may apply.

- Attendance Allowance – up to £86.50 per week
- Personal Independence Payments (PIP) – daily living up to £86.50 per week / mobility up to £62.55 per week
- Disability Living Allowance (set to be replaced by PIP)
- Armed Forces Independence Payment
- PA spouse or family member may be able to claim a Carers Allowance of £67.60 per week if they spend at least 35 hours caring for you
- Council Tax Support
- Universal Credit

# Equity release

Equity release refers to a range of products allowing you to access the money associated with your home if you are over the age of 55.

If you choose to avail of equity release, you can take the money you release as a lump sum, in several smaller amounts or as a combination of the two.

## Can I release equity in order to fund my care needs?

Live-In care, in particular, can prove to be a long-term situation. Seeking equity release in order to fund this process is an option, though one that people should appreciate the related risks of before making a commitment.

## Benefits of Equity Release

- Use the value of your property in order to receive care at home
- Flexible financing options to suit different levels of care needs
- The process can fund care until end of life

## Disadvantages of Equity Release

- Should you move into a residential care home, the loan must be repaid in full
- Depending on the loan, your beneficiaries may be required to pay outstanding costs







# General advice on equity release

- Seek professional advice from an independent financial advisor
- Look for one with a CF8 qualification – they advise on care products and finance options
- Is your home mortgage-free? You can release some of these funds to pay for live-in care
- Equity may be released via lump sums, regular payments or a loan against the property
- Before considering equity release, ensure you have completed a care needs assessment and concluded that you do or do not qualify for NHS Continuing Care as outlined above
- Check your chosen provider is a member of the Equity Release Council
- Seek out a 'no negative equity guarantee' to safeguard beneficiaries from liability
- Equity release isn't necessarily a last resort, but do consult all potential funding sources



# Lifetime mortgage

A lifetime mortgage sees a person take out a loan secured on their home that does not need to be repaid until the person passes away or goes into long-term care.

This option frees up some of the wealth associated with the residence and allows the individual to continue living there.

# Is a lifetime mortgage the right move?

Consider the following when deciding on taking out a lifetime mortgage:

- Possible costs include building insurance, legal and valuation fees, lender and advisor fees and a general completion fee. Overall, this may amount to £1,500 – £3,000 or above
- It may impact what you intend to leave as an inheritance
- It might affect your tax position and entitlement to means-tested benefits
- Lenders will expect you to keep the home in good condition
- A mortgage with variable interest rates will be affected by potential rising interest rates
- An interest roll-up mortgage could lead to you owing more than the value of the home
- Consult a financial advisor with a list of relevant questions

# Home reversion plan

If you're over the age of 65 and are considering long-term care options, a home reversion plan might be in your thoughts.

Let's take a look at how a home reversion plan works and the pros and cons associated with it.



# What Is a home reversion plan?

- A home reversion plan is a type of equity-release scheme that permits you to use some of the money associated with your home
- The plan can pay for long-term care but only if you are looking to stay in your home
- Under the terms, you sell all or part of your property below market value
- In return, you receive a tax-free lump sum, regular income or both
- You stay on in your home as a tenant that pays no rent

## Are There Risks Involved?

As with a lifetime mortgage or equity release in general, a home reversion plan is largely considered to have significant associated risks.

There are major implications for tax, benefits, inheritance and long-term financial planning to take into consideration.

# What are the pros and cons of a home reversion plan?

## Pros:

- Receive money to pay for care and living costs
- Stay in your own home for the rest of your life or until you move into permanent care
- The equity released on the property is tax-free
- Equity-release schemes can help reduce inheritance tax liability
- You can choose to sell part of your property, leaving the rest towards inheritance

## Cons:

- Your entitlement to benefits and local authority support may be negatively impacted
- Your beneficiaries are likely to receive a substantially reduced inheritance
- The inheritance won't include the home itself
- You will receive considerably less than the full market value of your property
- You will no longer be the sole owner of your home
- If you choose to end the plan early, buying your home back may cost considerably more
- The scheme could represent poor value should you pass away shortly after commitment
- Home reversion plans are generally inflexible should circumstances change
- Additional initial fees are not uncommon
- You will be required to have building insurance
- You will need to maintain the house throughout the length of the plan
- It's worth noting that you will need to continue to provide for yourself as normal with regard to utility bills, council tax and general house upkeep

## How do I know which option is best for me?

Your individual care needs will determine the costs involved. You may have a firm desire to remain in the comfort and familiarity of your own home, regardless of the level of care required. Most people prefer to receive live-in care or arrange hourly or overnight care.

When comparing the costs to that of a residential care home, it is estimated that live-in care can save you around a quarter on the associated costs.

# Average costs of care – a cost-effective summary

## Average Cost Per Week

Agency Hourly Care: £20 – £30

Curam Hourly Care: £13 – £17

Agency Live-In Care: £900 – £1,400

Curam Live-In Care: £880

Overnight Agency Sleeping Care: £180

Overnight Curam Sleeping Care: £90 – £120

Residential Care Home: £696 – £704

Nursing Care Home: £969 – £888



# Guidance with legal affairs

At Curam, we are sensitive in regards to each and every individual situation. We know that emotion plays a part in decision-making, no matter how big or small.

That includes attention to detail when it comes to legal documentation for you or a loved one. Paperwork and phrases like “**power of attorney**” can sound daunting but we’re here to explain the basics while underlining the all-important little details.

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and see how they apply to you.**

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# What is a lasting power of attorney?

- A lasting power of attorney (LPA) is a legal document relating to one or more people who are officially appointed by you to make decisions on your behalf should you become unable to
- You must be aged 18 years or over and have mental capacity to make your own decisions in order to decide upon appointing your LPA
- This ensures that the most important decisions are made by someone that you trust
- Two types of LPA – one for financial and property decisions / one for health and welfare
- Upon deciding, you must register your LPA with the Office of the Public Guardian
- This process can take up to 10 weeks
- It costs £82 to register an LPA unless you have a reduction or exemption

# Lasting power of attorney: financial and property affairs

**Your financial and property lasting power of attorney is responsible for:**

- Paying your bills
- Collecting your benefits
- Selling your house
- Drawing additional funds from an equity release plan
- Managing bank/building society accounts including savings

# Lasting power of attorney: health and welfare affairs

**Your health and welfare lasting power of attorney is responsible for:**

- Daily routine including washing, dressing and eating
- Medical care
- Moving to a care home if necessary
- Life-sustaining treatment

# Advanced decision

An advanced decision – also known as a living will – allows an individual to legally record their wishes in relation to any medical treatment that they do not want in the event that they are unable to communicate their wishes.

- Usually, an advanced decision concerns medical treatment
- One such scenario would be denying a course of treatment that could prolong life
- The advanced decision ensures that your wishes are respected
- Specific instances will need to be thoroughly spelled out in advance
- With this in mind, it is perhaps worthwhile employing a legal professional
- Any adult with functioning mental capacity can make an advanced decision
- It is important to formally finalise an advanced decision while the person in question has full control of their mental faculties
- Provided the person instructing the advanced decision is of sound mental capacity at the time of its recording, a doctor or nurse has no legal grounds to oppose requests made

## What Should I Consider When Making An Advanced Decision?

There are important factors to think about when constructing an advanced decision.

- Discuss your options, in-depth, with your family
- Though this can be a difficult conversation, it will provide vital clarity ahead of time
- Consider scenarios in which you would prefer to refuse treatment
- Be as clear and detailed when possible when writing the document
- You will need a witness to oversee and sign the resulting document
- Provide copies of the advanced decision to relevant people – family, friends, your GP, your carer

# Advanced statement

## An advanced statement is different from an advanced decision.

This is a written or verbal document that expresses a loved one's wishes when they no longer have the capability to decide for themselves.

- An advanced statement focuses more on daily life in contrast to an advanced decision
- A specific and focused plan removes stress if decision-making becomes difficult
- Anyone can make an advanced statement, but it can only be put together by the person that the advanced statement refers to
- The statement should primarily focus on the care preferences of the individual
- This relates to a preference for more dedicated live-in care or the option of moving into a care home or retirement community



- Should live-in care be the desired approach, it is important to provide as much detail as possible regarding daily routine, eating and sleeping habits and general activities
- No detail is unimportant – outlining personal preferences and personality traits is key
- There is no legal requirement to put an advanced statement in writing
- Nonetheless, it is recommended to do so in order to avoid any long-term confusion
- Medical staff are expected to honour an advanced statement unless under exceptional circumstances such as a treatment method that the individual was previously unaware of, or if they believe the person made the statement without full mental capacity

# Get started

To get started with Curam, download our app,  
visit [curamcare.com](https://curamcare.com) or get in touch with us here:

App Store for iPhone and iPad

Google Play Store

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