

Understanding the self-funder journey to living in a care home

March 2025

" Mum lived with us for 11 months after leaving her own home but we were unable to leave her at all."

"Initially, I knew dad would refuse help from a stranger. Later on, his overall needs and behaviour were too great for me to cope with, even with help."





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Acknowledgements/thank you

We would like to thank all the respondents who contributed to the survey, to the care homes who shared it with the families of their residents, to Surrey County Council and voluntary, community and social enterprise (VCSE) organisations for promoting it, as well as our staff and volunteers for sharing it far and wide.

Foreword

Surrey County Council commissioned Healthwatch Surrey to extend their research among self-funders, care arrangers and carers to understand more about behaviours, motivations and attitudes in planning for care. This phase focused specifically on understanding how people became care home residents.

The insights will help us build on our Planning for your future awareness campaign, develop further messages and information we need to share with local people and also work closer with care providers in ensuring they provide the information people and families need before making a decision for long term care in a residential or nursing home.

Siobhán Abernethy Information, Advice and Engagement Lead Adults, Wellbeing and Health Partnerships Surrey County Council



Executive summary

This project is a follow up to a project we ran in 2024 which focused on future self-funders which_resulted in the report - <u>Who can help me plan for</u> <u>my future as an older person</u>. Both studies were completed in collaboration with Surrey Adults, Wellbeing and Health Partnerships (AWHP) and help develop the Planning for your Future Programme, (PFYF) run by Age UK Surrey.

This project focusses on current self-funders, and their friends and family with a desire to understand more about their journey to living in a care home, where they looked for information about care homes, and what they understood about paying for care.

97 people responded to our survey, promoted via care homes and Surrey County Council.

94% of respondents were self-funding the entire cost of their care.

Only 33% said they had planned for paying for a care home prior to moving in. This demonstrates the need for the Planning for Your Future (PFYF) programme.

Most people lived independently at home before moving into the care home. The majority of these people had made adaptations to their home, had carers, and been known to the social care system. However, some people who had lived independently at home, but with less support, had not made any adaptations to their home or used paid for care workers but had gone straight to living in a care home.

Whether people had made adaptations or not to their home is a useful way of analysing the data, as it could also indicate the level of involvement of the local authority.¹

¹ The sample size of those who had not made adaptations to their home is 28 – vs 63 who had made adaptations. Therefore, this analysis should be viewed as qualitative rather than quantitative.



Those who had not made adaptations to their home stated fewer reasons for moving into a care home; they were more likely to have arrived at the care home because they chose to themselves, rather than being discharged from hospital or because a social care professional recommended it. They were more likely to have a suspected dementia diagnosis than those who hadn't made adaptations (same level of **confirmed** diagnosis across both groups). They were more likely to have heard about the care home they chose via friends and family/the internet, rather than via a professional or Surrey Care services directory. Similarly, they are much less likely to have looked to SCC GP/other health professional or a charity for advice or information about care homes. They were also less likely to have got independent financial advice before moving to the care home. However, they were also more aware of the need to pay for a care home (through their own prior knowledge and family members), and they were more likely to have planned to pay for care before moving into the care home.

This cohort of people who have not made adaptations would appear to be critical in terms of SCC's target of encouraging people to use services such as paid home care workers to carry on living in their own home for as long as possible. However, these people appear to have planned ahead financially for their future in a care home. They also feel strongly against having paid for care workers at home. It may be that, if they are financially able to , they'd prefer to go to a care home as a lifestyle choice rather than staying at home, especially with a suspected dementia diagnosis.

Across the whole sample, relatively few accessed community services such as day centres or community groups. Very few accessed respite services.

There was very low awareness of the 12-week property disregard, deferred payments and third party top ups. There was mixed understanding about what would happen if a resident depleted their funds. There was little difference in awareness of these mechanisms between those living in 'national chain'² care homes vs smaller chain/ independents. Residents of

² Care UK, Anchor, Barchester, CHD, Bupa, Signature.



'national chain' care homes were more likely to have been told about third party top ups and to have been given a full breakdown of costs. Smaller chain/ independent care home residents were more likely to have had additional costs.

The data also revealed that only 15% of respondents identify as a carer. This correlates with the findings from the Luminus Giving Carers a Voice work where once a person moves to a care home, the person who had been their unpaid carer felt their caring role was reduced; sometimes out of choice, sometimes because of practical issues and sometimes because they were not included in the care responsibilities by the care home. <u>Carehomes-Identifying-involving-and-supporting-unpaid-carers-November-2024.pdf</u>

Key recommendations from the findings of this study include:

- Surrey County Council (SCC) further promotes community services and respite services to better support people to stay in their own homes.
- SCC continues the Planning for your Future awareness programme run by Age UK Surrey but includes more information about property disregard, third party top ups and deferred payments.
- SCC works with care homes to ensure that the information they provide covers the 3 elements described above.
- SCC to explore reasons for low uptake of technology enabled care -is it due to lack of awareness, lack of digital savviness, or distrust of technology?



Introduction to Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. As an independent statutory body, we have the power to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.

Introduction to understanding the self-funder journey to living in a care home.

This project is a follow up to the first study which resulted in the report -<u>Who can help me plan for my future as an older person</u>. This study was completed in a collaboration with Surrey Adults, Wellbeing and Health Partnerships (AWHP), who supported the main recommendations as detailed below.

The AWHP supported the main recommendations to:

- Target family members with information about self-funding care.
- Go back to basics in what information is shared, assuming people have little or no knowledge.
- Acknowledge that many people are already receiving some support and need simple and clear information to assist them to navigate the health and care system.



This project will be used to support AWHP's "Planning for your future awareness day" on 11 March 2025, a day which will bring together Surrey and neighbouring authorities, Oxfordshire, West Berkshire and Hampshire – who are going to be launching their versions of the project after the increasing success of the Surrey campaign. In a series of events, the day will raise awareness of some of the major issues being experienced in adult social care across the county and the country. One focus of the day will be on the lack of awareness of costs of care but also highlighted will be the wide range of preventative services that are in the community that people could benefit from.

AWHP were keen to understand more about how people arrived in care homes, where they go for information, whether they seek independent financial advice, and whether they look at other care options and whether they understand the costs etc. This focus will be most beneficial to help AWHP act and respond with further actions to plug any information gaps, identify any issues with providers and messages they need to use in their ongoing communications campaigns.

Approach/Methodology

We created a new online survey which included 40 questions covering the following themes:

- Life before moving to the care home: including use of community based social groups/services, respite services, paid for care workers, home adaptations and usage of technology enabled care.
- **The decision to move to the care home:** including the reason for the move, how many care homes people visited before deciding, where people got information about care homes, and what kind of information they were looking for.
- **Understanding paying for care**: how many people had planned to pay for their care, whether they had taken financial advice,



knowledge of deferred payments³, 12-week property disregard,⁴ and third-party top ups,⁵ and what care homes had told them would happen if they ran out of money.

We sent the survey to 50 care homes across Surrey and asked them to promote it directly via their newsletters to the families of their residents. We also sent them posters to display. It was promoted in Surrey Matters, and our own social media and at the Age UK Surrey Planning for your future events, where we had a regular stall at the marketplace events, and were able to hand out flyers with details of the survey. At the same events, we asked the SCC team to promote the survey at their stall, and we gave flyers to the Age UK event organisers. The <u>poster and flyer are included in the</u> <u>appendix</u>.

People who had taken part in a previous care home survey by our organisation, who had said they were happy to be re-contacted for other surveys about care homes were also contacted.

Who we heard from

- 94% of our respondents were family members completing the survey about a self-funding care home resident.
- 4% were friends
- 2% were residents who completed the survey themselves.

The respondents had family members at 39 different care homes at 38 different care home groups (list of care homes is in the <u>appendix</u>).

• 94% of our respondents were 100% self-funders.

³ From SCC website: The deferred payment scheme is designed to help if you have been assessed to pay the full cost of your care home fees but cannot afford to pay the full cost immediately because your capital is tied up in your home.

⁴ If we take your home into account, we will ignore its value for up to 12 weeks, starting from the date you first became a permanent resident. We call this the '12-week property disregard'. You will have to contribute towards your care costs during this period from income and other capital. You will also have to continue to maintain the property and meet any ongoing costs that arise. ⁵ If you choose a home that charges more than we usually expect to pay you will have to make arrangements to pay a top-up. A top-up is the difference between what we will pay and the cost of the home you choose. Family or friends can pay it on your behalf or, if you can afford to, you can pay it yourself. (source for all footnotes: Surrey County Council website – links at end of report).



- 6% being funded by the local authority with a third party top up.
- 75% of our respondents were female.
- 88% were White British.

Recommendations

Theme	What would be helpful?
Life before moving to the care home - Low use of community services. 12% of respondents cited loneliness as a reason for moving into the care home. 1 in 10 said they moved due to feeling isolated at home.	 Raise awareness of community based social groups/ services. As stated in the <u>JSNA Loneliness and Social Isolation</u> chapter, we know that feeling lonely is a risk factor for older peoples' health and wellbeing. ⁶ Consider further research to understand the impact of loneliness on people's decision making about their care. Raise awareness of befriending services to reduce feelings of isolation.
Low use of respite services (in line with data from <u>Surrey Carers</u> <u>Strategy 2021 to 2024</u> <u>(extended to 2026) -</u> <u>Surrey County Council</u> .	4. Raise awareness of respite services; if more people were aware that Crossroads Care Surrey carers breaks were available and short term/respite stays are possible in care homes, (as a self-funder) giving carers a break, may help people to continue living in their own homes for longer.

⁶ The proportion of people aged 65 and over who feel they belong has fallen to below pre-pandemic levels[73]. Age UK predict that if loneliness in older people is not addressed, by 2026 two million people aged 50+ in England will often feel lonely[74]. This will adversely affect the health and wellbeing of those individuals. It will also have serious implications for health and care services. Older people living alone are 50% more likely to access emergency care services, and 40% more likely to have more than 12 GP appointments over a year[75]. Loneliness is also a risk factor for care home admission[76]. Tackling loneliness amongst older adults is therefore a way of enhancing personal wellbeing and delaying or reducing the demand for institutional care.



Theme	What would be helpful?
Low use of technology enabled care	5. Explore reasons for low uptake of technology enabled care -is it due to lack of awareness, lack of digital savviness, or distrust of technology?
Making the decision to move - people are mainly seeking information online	6. Continue to raise awareness of Connect to Support Surrey as a source of independent information as well as promoting the digital support service available from Surrey Libraries, and Tech Angels (service provided by Surrey Coalition of Disabled People) to help people navigate the site.
Understanding paying for care - Low levels of people planning to pay for their care 33%	 Continue to raise awareness and educate people on paying for care, via the Planning for your Future Programme, given the gap between those planning to pay for care and those actually paying for care.
Low awareness of 12- week property disregard, deferred payments, 3rd party top ups	 Continue to educate residents – ensure that this information is included in the Planning for your future events and ensure that care home providers share this information. Consider how to encourage care homes to educate families/residents



Findings

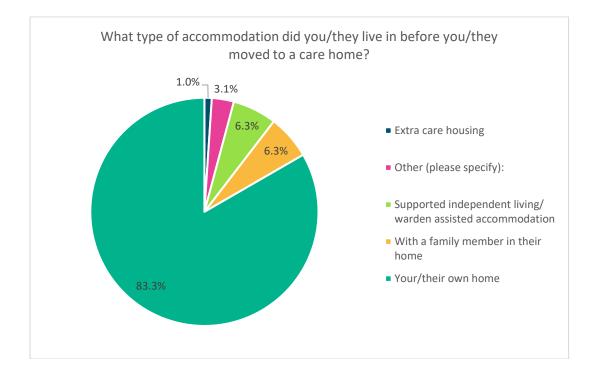
94% of our respondents were wholly self-funding their care. Only 33% said they had planned for paying for a care home prior to moving in, therefore 2/3rds of people had not planned for care before needing it. This underlines the importance of the Planning for Your Future programme.

62% of residents had a dementia diagnosis. It is quite likely that the onset of dementia was unexpected leading to a situation where people had not planned for their future and therefore had not thought about how they might pay for any future care needs.

Life before the care home

Where did people live and what support did they have?

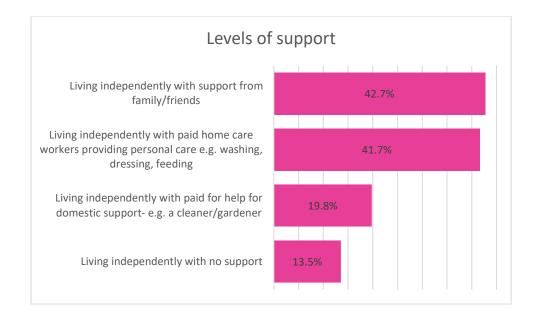
The majority of people (83%) had lived in their own home before moving into the care home.



- 43% were living independently with support from their friends and family.
- 42% were living independently with paid-for-home care workers providing personal care.
- 20% had paid for help e.g. a gardener or cleaner
- 14% were living independently with no support

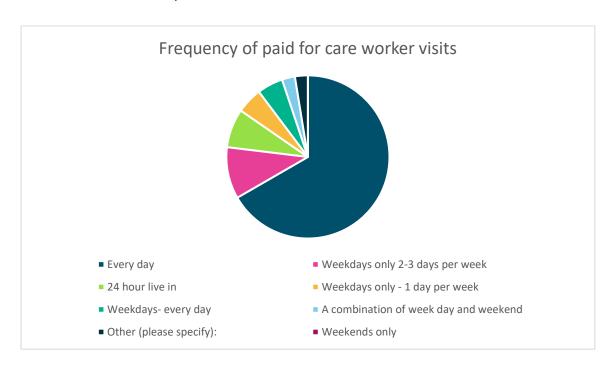
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Paid for home care workers

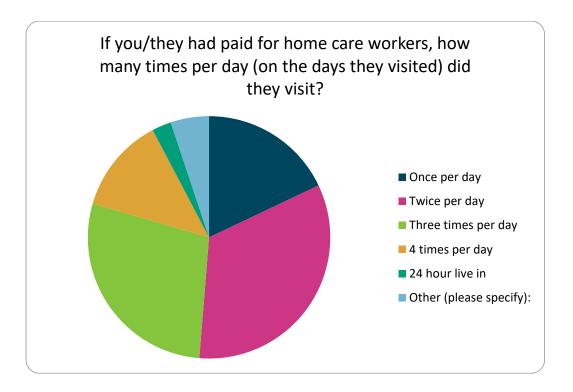
Of the 40 people who had paid for home care workers, 26 of them had visits every day. 2 people had 24-hour live-in care. The remainder had visits 1, 2 or 3 times per week.



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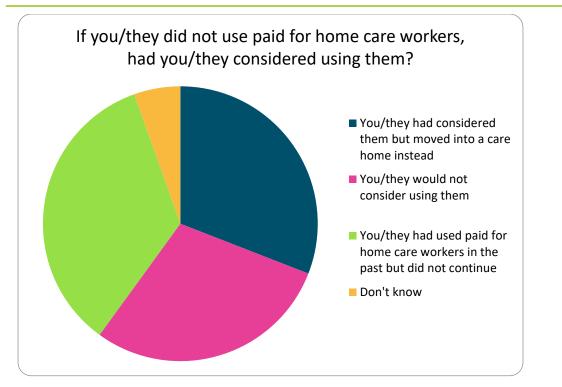
Of the 40 people who had paid for home care workers, on the days they had carers visit, 11 had visits once per day, 13 had visits twice per day, 11 had visits 3 times per day, 5 had visits 4 times per day, 1 had a visit from 9am-3pm. Others said they had a combination of different options over the last few years, which demonstrates fluctuations in care needs.



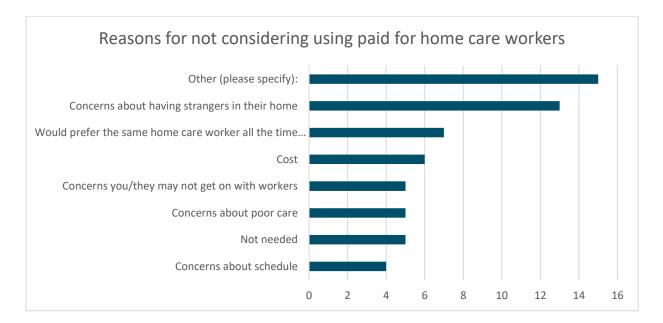
55 people did not use paid for home care workers; 19 of 55 had had them in the past but didn't continue. 17 out of 55 had considered having them but had moved into the care home instead. 16 people would not consider using them. 3 said they didn't know.

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The main reason for people not considering having paid care workers was not wanting strangers in their home (13 out of 38). The other main reason was continuity of care workers not being guaranteed.



If we split this data by those who have used paid care workers in the past, but wouldn't again in the future, and those who have never used paid care workers, we can see some differences.

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Those who would not consider using paid for care workers did not want strangers in their home, from the 'other reasons' comments, some did not see the need for care and refused the help. This puts stress on family members.

"Refusal to allow 7 day a week care worker."

"They did not believe they needed the support (even though they did need it)."

"Initially, I knew he would refuse help from a stranger. Later on, his overall needs and behaviours were too great for me to cope with, even with help."

"She lived with us for 11 months after leaving her own home but we were unable to leave her at all."

For people who have used paid for care workers in the past but wouldn't consider in the future, from the 'other' comments we see that this was often because care needs had changed, and care at home was no longer sufficient or suitable.

"What was offered was not exactly what was needed by mum. She didn't think she needed the care and therefore wasn't happy about having care in her home but she needed more care than I could provide at a distance of 200 miles."

"Due to different timings, they would be dressed before carers arrived, and then a tantrum when the carer tried to wash and care for her."

"Home was no longer accessible."

"Unsuitable. Needs nursing care 24/7."

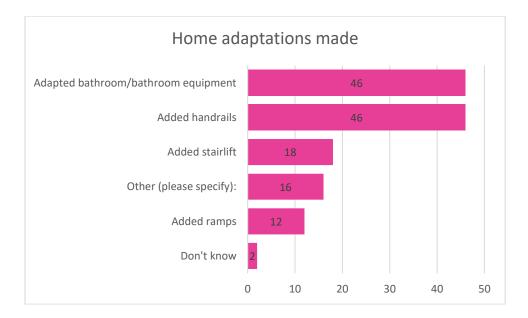
"Health deteriorated where full time care would not be appropriate."

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Home adaptations

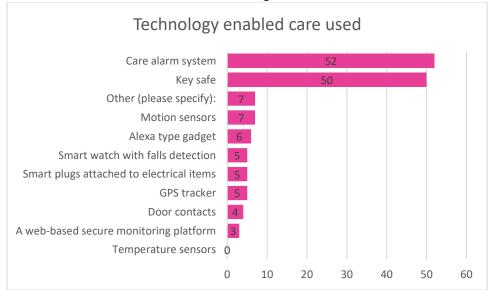
68% (of 94) had made home adaptations. Of these 66 people, 46 had handrails and 46 had bathroom adaptations/equipment installed. 18 people had added a stairlift and 12 had added ramps.



Technology enabled care

In terms of technology enabled care, the most used items were a care alarm system and a key safe (50 and 52 respectively of the 78 respondents for this question). This is not surprising as these are the least intrusive types of technology.

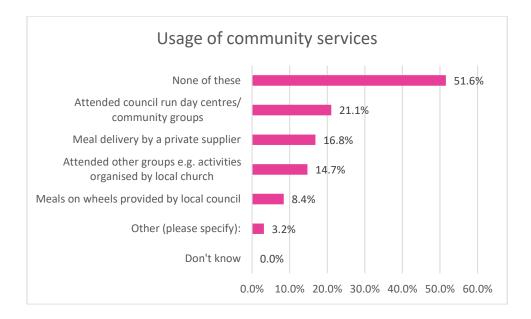
Door contacts and motion sensors were more likely to be used among those who have a dementia diagnosis.





Usage of community/respite services

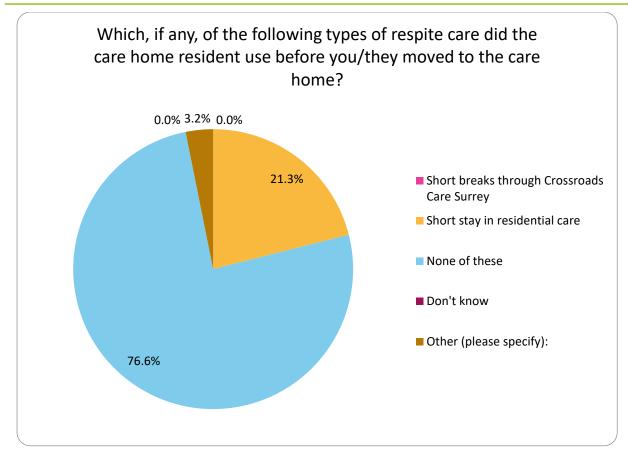
Over half of our respondents hadn't used any community services prior to moving to a care home. 21% attended day centres/community groups. 16% had private meal delivery, 15% attended church groups, 8% used the council meals on wheels delivery service.



Over three quarters hadn't used any respite services. 21% had a short stay in residential care, 1 person mentioned having a Crossroads Care sitter. 1 person out of our total sample size of 96 is in line with the data stated in the Surrey County Council Carers strategy of 1040 carers accessing Carers Breaks via Crossroads Care Surrey out of a total of 90500 carers in Surrey (Census 2021).

It is unclear whether people hadn't used respite services because they are not aware of them, or because they hadn't needed to. We recommend further research to explore this. If more people were aware that short term/respite stays are possible including in care homes, people may continue to live in their own homes for longer It is unclear whether people hadn't used respite services because they are not aware of them, or because they hadn't needed to. We would recommend further research to explore this. If more people were aware that short term/respite stays are possible in care homes, perhaps, in providing more support for carers, this would help people to continue living in as their carers would be better supported.





Further analysis of the data showed that some people had lived independently at home, but with less support, and had not made any adaptations to their home or used paid for care workers but had gone straight to living in a care home.

Whether people had made adaptations or not to their home appears to be a useful way of analysing the data, as it could also indicate the level of involvement of the local authority.⁷

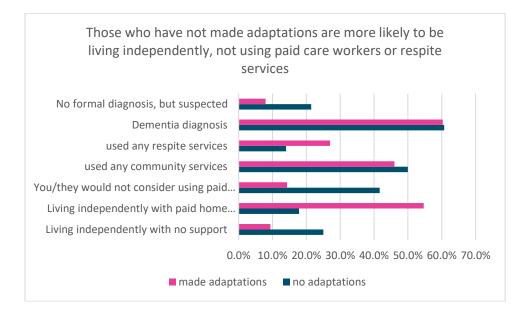
Those who had **not made adaptations to their home** stated fewer reasons for moving into a care home, they were more likely to have arrived at the care home because they chose to themselves, rather than being discharged from hospital or because a social care professional recommended it. They were more likely to have a **suspected** dementia diagnosis than those who hadn't made adaptations (same level of **confirmed** diagnosis across both groups). They were more likely to have

⁷ The sample size of those who had not made adaptations to their home is 28 – vs 63 who had made adaptations. Therefore, this analysis should be viewed as qualitative rather than quantitative.



heard about the care home they chose via friends and family/the internet, rather than via a professional or Surrey Care services directory. Similarly, they are much less likely to have looked to SCC GP/other health professional or a charity for advice or information about care homes. They were also less likely to have got independent financial advice before moving to the care home. However, they were also more aware of the need to pay for a care home (through their own prior knowledge and family members) and they were more likely to have planned to pay for care before moving into the care home.

This cohort of people who have not made adaptations would appear to be critical in terms of SCC's target of encouraging people to use services such as paid home care workers to carry on living in their own home for as long as possible. However, these people appear to have planned ahead financially for their future in a care home. They are also strongly against having paid for care workers at home. It may be that, if they are financially able to , they'd prefer to go to a care home as a lifestyle choice rather than staying at home, especially with a suspected dementia diagnosis.





Making the decision to move

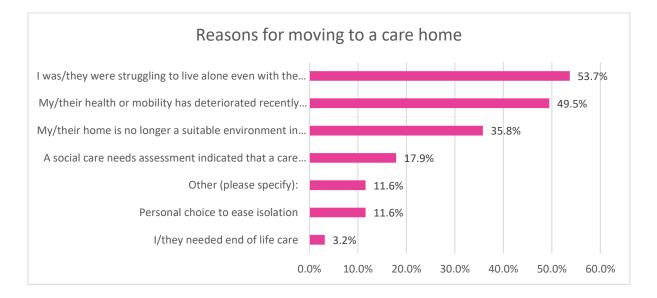
Reasons for moving to a care home

Over half of respondents said that the main reason for moving into a care home was that the resident was struggling to live at home, even with help. Half said that they'd moved because their health had deteriorated due to a recent illness or fall.

Just over a third said their home was no longer suitable for their needs, and 1 in 5 had a social care needs assessment which stated that it was better for them to move. 1 in 10 said they moved due to feeling isolated at home.

Recommendation:

Raise awareness of befriending services to reduce feelings of isolation.



"It was a joint decision between Mummy and us i.e. family (her children) after research; we would never have asked her to do it against her will."

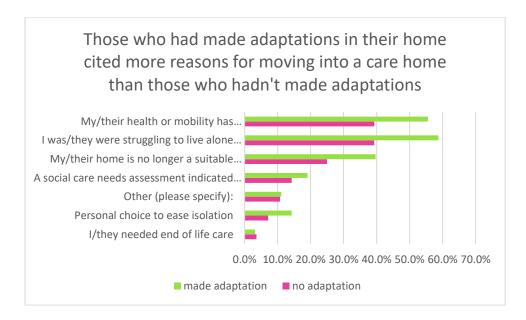
10% said "other reasons" – examples are below:

"We had no choice but to arrange a care home due to the hospital sending home a 93 year old with broken collar bone and wrist- who was totally unable to look after herself."

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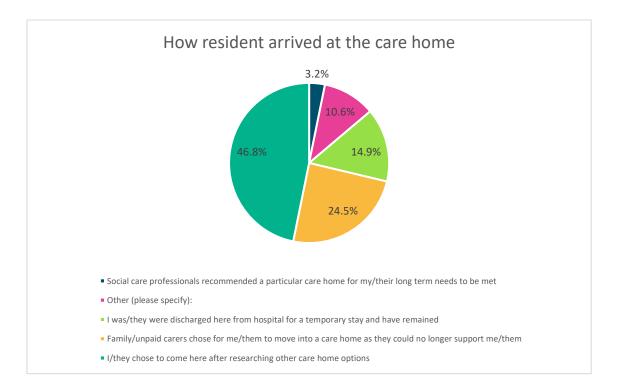


"I chose the home for him. I didn't like the one the hospital suggested."



How did residents arrive at the care home?

In terms of arrival at the care home, 47% said that they chose the care home after considering other care home options i.e. other type of care were not considered/no longer viable. 24% said that the family made the decision as they couldn't look after the person anymore. 15% were discharged there from hospital and chose to stay in the care home.



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'Other' reasons include:

"The first care home could not offer secure accommodation for someone with dementia and trying to escape."

"This home was selected by Surrey CC because it was the only one able to offer the respite care that my father needed at the time, so we didn't get a choice on care home."

"Dad was discharged from hospital to the nursing home for end of life care which was initially funded and has since switched to self funding with council paid nursing care."

89% of placements in the care home were arranged by the resident/family member. 11% were discharged there from hospital. 2% used a care sourcing agency, and 2% had their placement arranged by the local authority.

Where people had found out about the care home

People found out about the care home they chose from friends and family (46%) and the internet (43%). 9% said they found the care home via local social media/word of mouth, and 8% said they found it in the Surrey Care Services Directory. 7% said it was recommended by a professional.

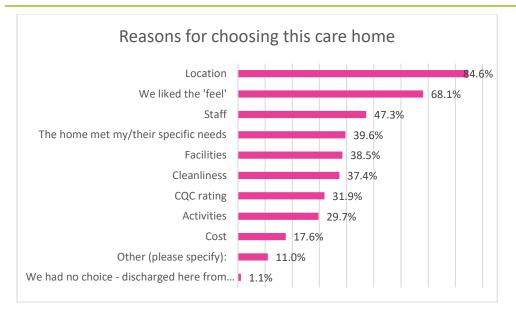
Reasons for choice of care home

People considered a number of factors when choosing a care home (including location, the feel, staff, the home met their needs, facilities, cleanliness, CQC rating, activities). Only 18% mentioned cost being a driver of choice. 1% said they were discharged there and had no choice. 11% said other reasons which include:

"Both parents needed care and it was the only double room accommodation I could find."

"His difficult behaviours narrowed the choice. Some homes would not take him. This one was the nearest."

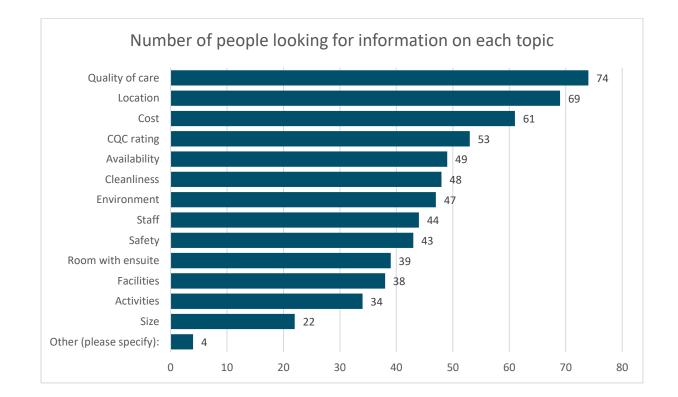




58% said they visited up to 3 care homes before making a decision, 42% visited 4 or more.

Information and advice

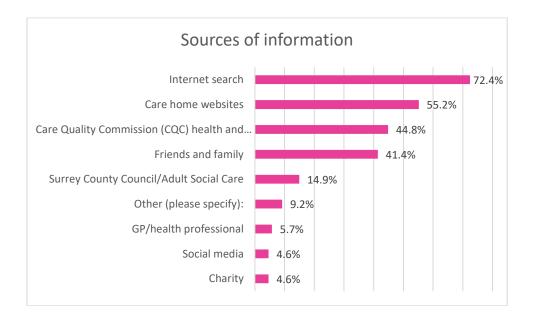
80 people said they had looked for information and advice about care homes. They were looking for information about the quality of care, location, and cost.





Sources of information about care homes

72% of respondents used an internet search for information about care homes, followed by care home websites (55%) and CQC (45%), and family and friends (41%). Only 15% turned to Surrey County Council/Adult Social Care for information.



Recommendation:

SCC continues to promote Connect to Support Surrey as a source of independent information.

Understanding paying for care

94% of our respondents were fully self-funding their care. Only 33% said they had planned for paying for a care home prior to moving in.

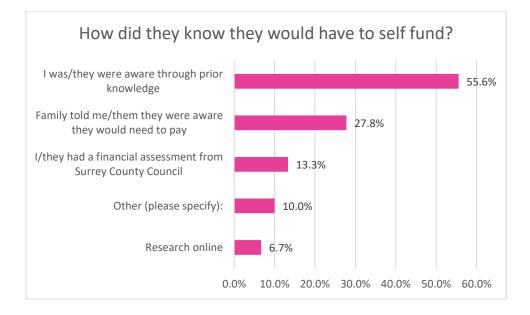
When we asked how they knew that they would need to pay, 56% said they were aware through prior knowledge, 28% said their family told them they'd need to pay. 13% had a financial assessment from Surrey County Council. 7% said they'd researched online.

Despite knowing that they would need to pay, many people had not made plans. This ties in with one of the key findings from the first stage of this project **"future care planning is a subject that many people don't want to**



talk about at all, they are happy to 'leave it to their children'. " Who can

help me plan for my future as an older person



Some examples of what people said:

"We were told by the home / hospital that mum would not qualify for financial support."

"My mother was living in her own flat [not in Surrey]. The Council told me (her daughter) that she was not eligible for any funding as she owned her own home. I had just moved to Surrey so I looked for a care home near where I lived and did not bother to contact SCC about care funding because it was not available to my mother."

Awareness of all care home costs

62% of people said they saw a full breakdown of all the costs related to the care home before signing a contract and moving in. 19% said they didn't, and 19% said they didn't know. Residents in 'national chain' care homes were slightly better informed than residents in other care homes.

64% said they fully understood the costs of care before moving in. 26% said they partly understood but there have been extra costs. 8% said they didn't know.



One person added the following comment:

"No - there is a clause that allows them to put the fees up 8% each year, so our cost has already increased 8%. I didn't believe a 'care' facility would take advantage like that, so we were shocked when we found out but it was too late because my mum had settled."

Financial advice

Regarding getting independent financial advice in advance, only 19% had done so. Of the 35 people who did get independent financial advice in advance, 13 spoke to financial advisers, 12 spoke to friends and family, 6 spoke to adult social care.

Knowledge of what happens to their own home

Overall, very few people have a good understanding of the financial mechanisms that are available to help them pay for their care.

Only 19% were told about deferred payments)<u>Deferred payments for adult</u> <u>care and support - Surrey County Council</u>). 65% said they weren't told and 16% said they didn't know.

Only 17% said they were told about the 12-week property disregard. 63% said they weren't, and 20% said they didn't know.

Only 20% said they were told about third party top-ups (This means someone else, such as a family member or friend can pay the difference between what the council would fund, and the cost of the care home you choose). <u>Arranging and paying for care for yourself - Surrey County</u> <u>Council</u> 57% said they weren't told and 23% said they didn't know.

Awareness of what happens when savings fall to the capital limit

Understanding what happens when savings fall to the capital limit is very mixed. People have various misconceptions about where the responsibility for paying for care lies once funds are depleted. This could result in difficult situations arising. Only 29% said that the care home explained what would



happen if they ran out of money. (52% said the care home didn't explain, and 20% said don't know).

In general, what people were told regarding funds being depleted can be grouped as follows:

- The family would apply to Surrey County Council, who would pay the fees. They would continue to fund when the money fell below £23,000.
- The council would take over payments at a highly discounted rate, or they would be evicted.
- They would have a Financial Assessment with SCC when their assets fell below £23,000.
- Others said the care home said they would keep their parent at the care home (not specified how).
- The care home would cover the gap between the council allocation and their full fees.
- The care home would assist in applying for funding.
- Not an imminent issue, so would tackle when assets fell to below £15,000.
- The resident would have to leave if they can't pay.
- If they were able to pay for 5 years, they would not be turned out but family would be asked to make a contribution on top of council funding.
- The resident would move to a home of SCC's choice.
- He will have to move out as the care home does not do council funded care without a top up.
- It wouldn't happen as we planned to buy a care annuity from the house sale.

This shows the importance of continuing to help people plan for future care and having clear, trustworthy sources of information to help people navigate at what is often a very challenging time.



Next steps

The following next steps have been agreed by Surrey County Council.

- The Planning for your future campaign is continuing until March 2026.
- We will use key insights to build into our presentation used in Planning for your Future information sessions.
- We will increasingly promote our Technology Enabled Care and Homes (TECH) offer to local people. Our strategy is currently being co-designed with residents and partners.
- Continue to promote the wide range of preventative services across Surrey that can help people stay independent, healthy, safe and connected to communities, particularly driving people to find this information on Connect to Support Surrey directory.
- We will share the report and findings with care providers and ask them to be more proactive with communicating the following information with prospective care home clients, carers and families:
 - Breakdown of all costs within care home contracts with individuals
 - What happens when funds are running low or run out
 - Top up fee arrangements
 - Encouraging people to seek independent financial advice
- We will review findings in care provider forums and seek support in changing practice.
- We will share flyers and posters with care providers to use in welcome packs and for display in homes. These will remind people to keep an eye on their funds and to talk to staff about when money is running low.
- We will ask Surrey Care Association to share the research findings with their members.
- We will work with the Society of Later Life Advisors to hold webinars with care providers about the value of independent financial advice and hold Q+A sessions.
- We will share the report with our Quality Assurance Team to ensure they are aware of resident feedback in care homes.



Appendices

Care homes

We spoke to families of residents at the following care homes From the following parent companies:

Care Home	Parent Company	
Amherst	Care UK	
Anchor Glendale	Anchor	
Appleby House	Care UK	
Ashford House	Barchester	
Ashley Park	Bupa	
Bentley Lodge	RMD Care	
Bernard Sunley	Friends of the Elderly	
Bridge House	Maria Mallaband Care Group Ltd	
Broome Park	Walden Care	
Brownscombe	CHD Living Ltd	
Burlington	Boutique Care Homes	
Charrington Manor	Hamberley Care Homes	
Church View	ew H Plus Care Ltd	
Coppice Lea	Aria Care	
Coxhill	Aria Care	
Downsvale	Monarch KM Ltd	
Elizabeth Court	Anchor	
Emberbrook	Four Seasons Health Care Group	
Epsom Beaumont	Barchester	
Esher Manor	Avery Collection	
Greenacres	Anchor	
Greenview	Care UK	
Harlow Hall	Hartford Care Group Ltd	
Holly Lodge	Forest Care Ltd	
Horsell Lodge	lorsell Lodge Caring Homes Group	
James Terry court	The Royal Masonic Benevolent Institution	
	Care Company (RMBI)	
Kings Lodge	Aura Care Living	
Kingswood Court	M M L Ltd	
Knowle Park	Aria Care	

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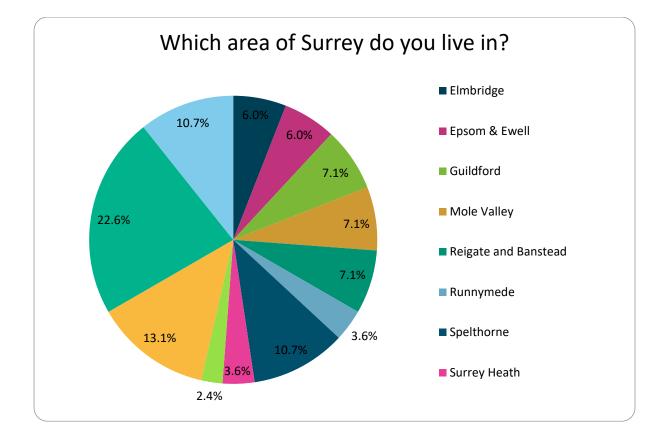


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Weybridge
Sunbury nursing Sunbury Nursing Homes Ltd
home
Surbitonian Anavo Group
Gardens
Sutton Court Clearstone Care Ltd
Tandridge Heights Barchester
The Grange Dennis Baily
The Old Rectory The Geoghegan Group
Walton Park Asprey healthcare
Waverley Grange Bupa
West Hall Anchor
Woking Homes Woking Homes
Worplesdon View Barchester

N.B some of these care homes are not located in Surrey, but all respondents were previously Surrey residents, some of whom had moved closer to family members in neighbouring counties.



Engagement statistics and demographic data



Answ	ver Choice	Response Percent	Response Total	
1	0 - 5 years	0.0%	0	
2	6 - 15 years	0.0%	0	
3	16 - 17 years	0.0%	0	
4	18 - 24 years	0.0%	0	
5	25 - 49 years	7.3%	6	
6	50 - 64 years	34.1%	28	
7	65 - 79 years	23.2%	19	
8	80 - 89 years	13.4%	11	
9	90+ years	19.5%	16	
10	prefer not to say	2.4%	2	



Please select your ethnicity:

Ans	wer Choice	Response Percent	Response Total
1	Arab	0.0%	0
2	Asian/Asian British: Bangladeshi	0.0%	0
3	Asian/Asian British: Chinese	0.0%	0
4	Asian/Asian British: Indian	0.0%	0
5	Asian/Asian British: Pakistani	0.0%	0
6	Asian/Asian British: Any other Asian/Asian British background	0.0%	0
7	Black/Black British: African	0.0%	0
8	Black/Black British: Caribbean	0.0%	0
9	Black/Black British: Any other Black/Black British background	0.0%	0
10	Mixed/multiple ethnic groups: Asian and White	0.0%	0
11	Mixed/multiple ethnic groups: Black African and White	0.0%	0
12	Mixed/multiple ethnic groups: Black Caribbean and White	0.0%	0
13	Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	0.0%	0
14	White: British/English/Northern Irish/Scottish/Welsh	88.0%	73
15	White: Irish	1.2%	1
16	White: Any other White background	7.2%	6
17	Gypsy, Traveller or Irish Traveller	0.0%	0
18	Roma	0.0%	0
19	Prefer not to say	2.4%	2
20	Other (please specify):	1.2%	1
		answered	83
		skipped	28

Please tell us your gender:			
Ar	swer Choice	Response Percent	Response Total
1	Woman	74.4%	61
2	Man	23.2%	19
3	Non-binary or transgender	0.0%	0
4	Prefer not to say	2.4%	2
5	Prefer to self-describe	0.0%	0
		answered	82
		skipped	29



Survey

The survey has 52 questions including 12 demographic questions.



social care self funders wave 2 final q

Promotional materials



Self funders survey poster - November 20

Poster



Self funders survey flyer - November 202,

Flyer

Links to Surrey County Council material

Adult social care - What happens to my home? - Surrey County Council

Considering a care home? Checklist - Surrey County Council



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We are proud to be commended in the National Healthwatch Impact Awards, recognising our work helping to improve local NHS and social care. You can view <u>our video</u> highlighting how feedback has enabled us to make positive changes to health and social care services.



We are committed to the quality of our information. Every three years we perform an audit so that we can be certain of this.

Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus.

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