DEMENTIA

When a Parent Refuses Care: Dementia, Capacity and Help

How the Mental Capacity Act applies, what to do if they refuse a council assessment, and a step-by-step way to introduce a carer without a fight.

By the JNP Sidona team · Reviewed by Jackie, Registered Manager, JNP Sidona Support Services · 26 November 2026 · 11 min read

If your parent can still understand and weigh up the decision, they have the legal right to refuse care, even when the choice looks unwise to you. If dementia means they can no longer make that particular decision, it can be made for them in their best interests, considering less restrictive options first. In both cases the Alzheimer's Society suggests the same approach: introduce help gradually, starting small, and build up visits over time. In practice that means one low-key kind of help, the same face at the door, and patience.

KEY POINTS

- A dementia diagnosis does not remove the right to refuse. Capacity is judged one decision at a time, and the law starts by assuming your parent has it.
- A sudden change, such as new confusion or agitation, can be a sign of illness, such as a urine infection. The NHS says to call 999 or go to A&E if someone suddenly becomes confused. If you are worried but it is not an emergency, Age UK suggests calling NHS 111.
- Offer help with the task your parent minds least, such as cleaning, shopping or lunch, and introduce personal care later, once they trust the carer. If they refuse a wash, try a different time of day and try again later.
- Your parent can turn down a council needs assessment, but the council must still assess them if they lack capacity to refuse and an assessment is in their best interests, or if they are at risk of abuse or neglect.

- Don't lock your parent in, hide tablets in food or use force to make them accept care without checking the legal rules first. Restraint is only lawful to prevent harm, and only if it is proportionate.
- If your parent still has capacity, ask them now about a health and welfare Lasting Power of Attorney. They cannot make one once that capacity has gone.

Can a parent with dementia refuse care?

Yes, if they have the mental capacity to make that decision. The Mental Capacity Act 2005 (https://www.legislation.gov.uk/ukpga/2005/9/section/1), which applies in England and Wales, starts from the position that "a person must be assumed to have capacity unless it is established that he lacks capacity." It also says a person is not to be treated as unable to decide "merely because he makes an unwise decision."

The diagnosis alone does not settle it. Section 2 of the Act says lack of capacity cannot be established just by reference to a person's condition. What matters is whether, at the time, dementia stops your parent making this particular decision. Under section 3 (https://www.legislation.gov.uk/ukpga/2005/9/section/3), someone is unable to decide if they cannot:

1. understand the information relevant to the decision;
2. retain that information;
3. use or weigh it as part of making the decision; or
4. communicate their decision, by any means.

Two points catch families out. First, capacity is about one decision at one time. Your dad may be able to decide what to eat today but not whether he is safe living alone. Second, it can change from day to day. The Alzheimer's Society (https://www.alzheimers.org.uk/get-support/legal-financial/making-decisions-mental-capacity-dementia) notes that a person with dementia "may have good and bad days", so a decision that can wait should wait for a better day.

The Act also requires "all practicable steps" to help the person decide first. In practice, the NHS (https://www.nhs.uk/conditions/dementia/living-with-dementia/communication/) suggests short sentences and simple choices, and the Alzheimer's Society (https://www.alzheimers.org.uk/get-support/legal-financial/making-decisions-mental-capacity-dementia) suggests considering whether the decision can be put off until a time when they may have capacity.

Why is your parent saying no?

Refusal is rarely just stubbornness. The Alzheimer's Society describes two things that can sit behind it: **denial**, where the person may be afraid or anxious, and **lack of insight**, where, as far as the person is aware, they don't have any problems. In its guidance on denial and lack of insight (https://www.alzheimers.org.uk/get-support/help-dementia-care/coping-denial-lack-of-insight), the Society is clear that "denial and lack of insight are not deliberate" and that "it isn't possible to persuade someone to suddenly accept their condition." So do not argue about the diagnosis. Talk about specific, practical things ("the stairs are hard with shopping bags").

Rule out illness first

If the refusal is new, or comes with sudden confusion, agitation, drowsiness or a change in behaviour, think medical before you think care. The NHS page on confusion (https://www.nhs.uk/symptoms/confusion/) says urinary tract infections "are a common cause in older people or people with dementia." It advises going to A&E or calling 999 if someone suddenly becomes confused, and seeing a GP if confusion has come on gradually. Age UK (https://www.ageuk.org.uk/information-advice/health-wellbeing/relationships-family/worried-about-someone/) suggests calling NHS 111 if you are very worried about someone's health but do not think it is an emergency.

How to introduce a carer gradually

The Alzheimer's Society suggests (https://www.alzheimers.org.uk/get-support/help-dementia-care/support-care-when-person-wont-accept-their-dementia-diagnosis) that, when arranging care at home, "it can be helpful to introduce this idea gradually", and that it may be possible "to arrange a trial period or to gradually build up visits."

1. **Pick the least personal task.** Help with cleaning, shopping, a walk or lunch is far easier to accept than help with washing. Personal care can come later, once the carer is a familiar face.
2. **Frame it around something your parent values.** The Society suggests focusing on "the benefits to both of you" of someone helping with practical things. Some people accept a visitor because it helps someone else, such as a partner who is tired or a son who works long hours.
3. **Describe what the person does, not what they are.** Introducing the carer by name, as someone who *comes to help with lunch on Tuesdays*, can land better than *a carer*. Keep it simple.
4. **Be there for the first visits.** Introduce the carer as someone you know. Have a cup of tea together. Let your parent see you relaxed with them.
5. **Keep it the same.** Same carer, same day, same time where possible. A stranger at the door is frightening to someone who cannot remember being told they were coming.

6 **Brief the carer properly.** Tell the agency your parent's history, the name they like to be called, what they did for work, topics that calm them and words that set them off.

7 **Build up slowly.** Add a second visit, then a second task, once the first is routine. If a visit goes badly, step back to what was working.

Turned away at the door? If the carer is turned away, talk to the agency before giving up about the time of day, the opening line at the door, or a different carer.

If they refuse washing or personal care

Many people with dementia refuse to wash or change at some point, including when a carer is already visiting. The Alzheimer's Society's guide to when a person with dementia doesn't want to change their clothes or wash (https://www.alzheimers.org.uk/get-support/living-with-dementia/dementia-washing-changing-refusal) says to respect their choices while keeping them clean enough to stay well. What helps:

- **Look for the reason.** Have they forgotten the steps, or do they think they have already washed? The Society also says to check for physical problems that make washing or dressing difficult.
- **Change the time.** They "may prefer to wash or dress at a different time in the day." Tell the agency, so the visit can be moved. If refusals cluster in the late afternoon or evening, our guide to sundowning may help.
- **Protect their dignity.** The NHS (https://www.nhs.uk/conditions/dementia/living-with-dementia/looking-after-someone/) lists getting undressed in front of someone else, even a partner, among the things people may worry about. The Society's washing and bathing tips (https://www.alzheimers.org.uk/get-support/living-with-dementia/washing-bathing-showering-tips) suggest "uncovering only the part of their body that you are washing", with a towel or robe.
- **Offer a choice.** The NHS suggests asking how they would like to be helped. "A shower, or a wash at the sink?" gives them some control. A wash with a sponge or cloth can replace a bath or shower.
- **Make the water less frightening.** Deep bath water and the noisy rush of an overhead shower can worry people. Keep the water shallow, check the temperature, and try a bath seat or handheld shower.
- **Stop and try again later.** If your parent gets upset, the Society says to change the subject or distract them until they are calmer, then try again later. If they become aggressive, walk away to keep you both safe.

Speak to the GP if you are worried about their hygiene, or if low mood may be behind the refusal. A sudden change can also be a sign of infection, as above. Ask the agency to write your parent's preferences into the care plan, so every carer follows them.

How to have the conversation

Age UK (https://www.ageuk.org.uk/information-advice/health-wellbeing/relationships-family/worried-about-someone/) suggests you avoid opening with what you think needs to happen, keep calm, explain why you are asking, and expect several short conversations in place of one big one. The NHS advice on communicating with someone with dementia (https://www.nhs.uk/conditions/dementia/living-with-dementia/communication/) adds: speak slowly, offer simple choices and give time to answer. "Would Tuesday or Thursday suit for someone to help with the shopping?" is easier to say yes to than "You need a carer."

Bring in someone neutral

Advice from a GP, nurse or occupational therapist can carry more weight than advice from a son or daughter. The Alzheimer's Society notes you can contact the GP "either by telephone, letter or email, or by going to an appointment with the person." Give specific examples: missed meals, the gas left on, a fall.

In London, a free London Fire Brigade home fire safety visit (https://www.london-fire.gov.uk/safety/the-home/home-fire-safety-visits/) is another neutral visitor. You start with the online Home Fire Safety Checker, and a visit is arranged for higher-risk households.

What if your parent can no longer make the decision?

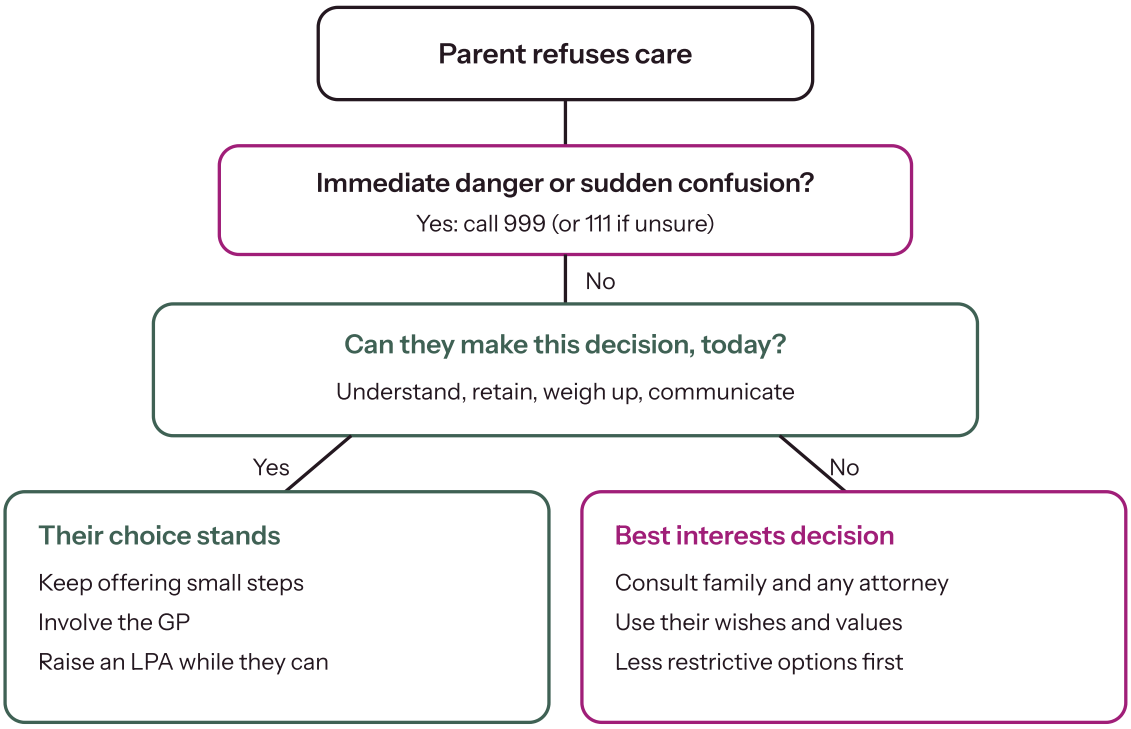
If your parent lacks capacity to decide about their care, the decision is made for them, and it must be in their best interests. Who makes it depends on the decision and on whether there is a Lasting Power of Attorney in place.

Who decides about care when a parent with dementia refuses

Situation	Who decides	What it means for you
Your parent has capacity for this decision	Your parent	You can persuade and offer, but not overrule.

Situation	Who decides	What it means for you
Lacks capacity, everyday care (washing, dressing, meals)	The person giving the care at the time, such as you or a care worker	Act in their best interests and choose the gentlest option that works.
Lacks capacity, bigger decisions (care package, where to live), no LPA	Whoever is proposing the decision, often a social worker or doctor, after consulting family	The law says your views must be taken into account where practicable. For bigger decisions, ask whether a best interests meeting would help.
Lacks capacity, health and welfare LPA registered	The attorney, within the powers in the LPA	The attorney must still act in your parent's best interests.
Serious disagreement, or no one can agree what is best	The Court of Protection	The court can decide, or appoint a personal welfare deputy in some cases.

Section 5 (https://www.legislation.gov.uk/ukpga/2005/9/section/5) of the Act protects someone giving care to a person who lacks capacity, as long as they took reasonable steps to check capacity, reasonably believe the person lacks capacity for that decision, and reasonably believe the act is in their best interests.



A simplified route through the Mental Capacity Act. Real decisions are made one at a time, and capacity can change from day to day.

What "best interests" means

Section 4 (https://www.legislation.gov.uk/ukpga/2005/9/section/4) of the Act sets out what the decision-maker must consider. It includes your parent's "past and present wishes and feelings", any written statement they made while they had capacity, and the beliefs and values that would have guided them. Where practicable, the decision-maker must also take account of the views of "anyone engaged in caring for the person or interested in his welfare", which includes you, and of any attorney or deputy.

Section 1 adds that before acting, you must consider whether the same aim can be achieved in a way that is "less restrictive of the person's rights and freedom of action." In many situations, that points to help at home, introduced gently. The Alzheimer's Society adds that a decision must never be made to "make things easier for a carer".

Lasting Power of Attorney

A health and welfare LPA lets an attorney decide about daily routine, medical care and moving into a care home, but GOV.UK (https://www.gov.uk/power-of-attorney) says it "can only be used when you're unable to make your own decisions." GOV.UK also says you must have mental capacity "when you make your LPA", so raise it early. Without one, the best interests rules apply, and the

Court of Protection can appoint a personal welfare deputy (https://www.gov.uk/become-deputy) in some cases, such as when family disagree. Our guide to Lasting Power of Attorney when a parent needs care covers the process.

What you must not do, even with good intentions

Some measures that feel protective have strict legal limits.

- **Force or restraint.** Section 6 (https://www.legislation.gov.uk/ukpga/2005/9/section/6) defines restraint as using or threatening force to make someone do something they resist, or restricting their liberty of movement "whether or not P resists." It is lawful only if you reasonably believe it is needed to prevent harm to your parent, and it is proportionate to the likelihood and seriousness of that harm.
- **Hiding medicines in food or drink.** NICE guideline NG67 (https://www.nice.org.uk/guidance/ng67/chapter/Recommendations) says care workers must not give medicines covertly unless there is clear authorisation in the care plan, in line with the Mental Capacity Act. That needs a capacity assessment, the prescriber's advice and a best interests meeting. Speak to the GP if your parent is refusing tablets.
- **Locking them in or constant watching.** Keeping doors locked, constant supervision and stopping someone leaving can amount to a deprivation of liberty, which needs legal authorisation, especially where the council or NHS arranges or funds the care. Age UK (https://www.ageuk.org.uk/siteassets/documents/factsheets/fs62_deprivation_of_liberty_safeguards_fcs.pdf) explains that, at home, the arrangements must in some way involve the state to need authorisation, though it says the June 2026 ruling has made earlier guidance on this uncertain. Outside care homes and hospitals, authorisation comes through the Court of Protection.

The law on deprivation of liberty changed in June 2026. On 2 June 2026 the Supreme Court ruled that its 2014 Cheshire West judgment was incorrect, and there is no longer an "acid test". The government's update on the judgment (https://www.gov.uk/government/publications/changes-to-the-definition-of-deprivation-of-liberty/uk-supreme-court-2026-judgment-on-what-constitutes-a-deprivation-of-liberty) (updated 22 September 2026) says the assessment is now multifactorial, that "no single factor is determinative", and that factors include the type of restrictions used and "whether the person objects." It also says that "greater restrictions would be required at home" for a deprivation of liberty to arise. The Department of Health and Social Care calls this guidance interim and says it will publish more; when we last checked, on 26 November 2026, it had not. Some older pages, including some charity factsheets, have not caught up, so check the date on anything you read. If you are adding locks, alarms or supervision, ask the council's adult social

care team for advice. Our dementia home safety checklist covers gentler changes to try first.

What if they refuse a council assessment?

Anyone can ask the council for a needs assessment, and the NHS (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/) says it is free. You can ask on your parent's behalf. Our guide to the care needs assessment (/blog/care-needs-assessment) explains what happens.

Your parent can refuse it. But section 11 of the Care Act 2014 (https://www.legislation.gov.uk/ukpga/2014/23/section/11), which applies in England, says the council must still carry out the assessment if:

- your parent lacks capacity to refuse it and the council is satisfied the assessment would be in their best interests; or
- your parent "is experiencing, or is at risk of, abuse or neglect."

Neglect includes self-neglect. The government's Care and Support Statutory Guidance (https://www.gov.uk/government/publications/care-act-2014-supporting-implementation/care-and-support-statutory-guidance) describes it as "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings", including hoarding. Not every case leads to a formal safeguarding enquiry; it depends on whether the person can protect themselves.

When to raise a safeguarding concern

If your parent is not eating, missing essential medication, living in unsafe conditions or being exploited, and refuses help, contact the adult social care team at their London borough council. The NHS advises (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/abuse-and-neglect-adults-at-risk/) calling the council and asking for the adult safeguarding co-ordinator, and you can also pass concerns to the GP. Age UK says this should be done with the person's consent wherever possible. If someone is in immediate danger, call 999.

If your parent has capacity and still says no

Age UK says that once you have raised your concerns calmly and clearly, you should try to accept that it is their decision. You can still do a lot.

- **Keep the offer open.** A no today can become a yes after a fall, a hospital stay or simply a better conversation.

- **Plan ahead together.** Ask about an LPA and write down what they would want if things changed. Those wishes count in any later best interests decision.
- **Look after the carer.** If you, or a parent caring for a partner, are doing the caring, the council must assess the carer's needs where it appears they may need support (Care Act 2014, section 10 (https://www.legislation.gov.uk/ukpga/2014/23/section/10)). Our guide to the carer's assessment (/blog/carers-assessment-guide) explains how to ask.
- **Get advice.** The Alzheimer's Society support line (https://www.alzheimers.org.uk/get-support/help-dementia-care/support-care-when-person-wont-accept-their-dementia-diagnosis) is 0333 150 3456. The Age UK Advice Line is 0800 678 1602, open 8am to 7pm, 365 days a year.

For what a good routine at home looks like once help is accepted, see our guide to dementia care at home (/blog/dementia-care-at-home-guide).

Questions families ask

Can my parent be made to move into a care home?

What if they keep cancelling the carers the council arranged?

Do I have to provide the care myself?

How we can help

Our dementia care at home (/dementia-care-london) can start small: one regular visit for lunch, shopping or company, with personal care added only when your parent is ready. Jackie, our registered manager, begins with a free home assessment. She meets your parent and you, finds out what matters to them, and writes a care plan that records how they like to be approached. We aim to keep the same small group of carers with each person. We are based in Lewisham. Visiting care is for Lewisham, nearby south-east London and parts of central and east London, depending on carer availability, and live-in care is available across London, so check the areas we serve (/areas-we-serve). If you are wondering who pays, our guide to paying for care in London (/paying-for-care-london) sets out the council and NHS routes.

Sources

1. legislation.gov.uk: Mental Capacity Act 2005, section 1 (the principles) (https://www.legislation.gov.uk/ukpga/2005/9/section/1), checked 26 November 2026
2. legislation.gov.uk: Mental Capacity Act 2005, section 2 (people who lack capacity) (https://www.legislation.gov.uk/ukpga/2005/9/section/2), checked 26 November 2026
3. legislation.gov.uk: Mental Capacity Act 2005, section 3 (inability to make decisions) (https://www.legislation.gov.uk/ukpga/2005/9/section/3), checked 26 November 2026
4. legislation.gov.uk: Mental Capacity Act 2005, section 4 (best interests) (https://www.legislation.gov.uk/ukpga/2005/9/section/4), checked 26 November 2026
5. legislation.gov.uk: Mental Capacity Act 2005, section 5 (acts in connection with care or treatment) (https://www.legislation.gov.uk/ukpga/2005/9/section/5), checked 26 November 2026
6. legislation.gov.uk: Mental Capacity Act 2005, section 6 (section 5 acts: limitations) (https://www.legislation.gov.uk/ukpga/2005/9/section/6), checked 26 November 2026
7. legislation.gov.uk: Care Act 2014, section 10 (assessment of a carer's needs for support) (https://www.legislation.gov.uk/ukpga/2014/23/section/10), checked 26 November 2026
8. legislation.gov.uk: Care Act 2014, section 11 (refusal of assessment) (https://www.legislation.gov.uk/ukpga/2014/23/section/11), checked 26 November 2026
9. GOV.UK: Care and support statutory guidance (https://www.gov.uk/government/publications/care-act-2014-supporting-implementation/care-and-support-statutory-guidance), checked 26 November 2026
10. GOV.UK (DHSC): UK Supreme Court 2026 judgment on what constitutes a deprivation of liberty (https://www.gov.uk/government/publications/changes-to-the-definition-of-deprivation-of-liberty/uk-supreme-court-2026-judgment-on-what-constitutes-a-deprivation-of-liberty), checked 26 November 2026
11. GOV.UK: Lasting power of attorney (https://www.gov.uk/power-of-attorney), checked 26 November 2026
12. GOV.UK: Deputies, make decisions for someone who lacks capacity (https://www.gov.uk/become-deputy), checked 26 November 2026
13. NICE: Managing medicines for adults receiving social care in the community (NG67), recommendations (https://www.nice.org.uk/guidance/ng67/chapter/Recommendations), checked 26 November 2026
14. NHS: Confusion (https://www.nhs.uk/symptoms/confusion/), checked 26 November 2026
15. NHS: Communicating with someone with dementia (https://www.nhs.uk/conditions/dementia/living-with-dementia/communication/), checked 26 November 2026
16. NHS: Looking after someone with dementia (https://www.nhs.uk/conditions/dementia/living-with-dementia/looking-after-someone/), checked 26 November 2026

17. NHS: Getting a needs assessment (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/), checked 26 November 2026
18. NHS: Abuse and neglect of adults at risk (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/abuse-and-neglect-adults-at-risk/), checked 26 November 2026
19. Alzheimer's Society: Support and care when a person won't accept their dementia diagnosis (https://www.alzheimers.org.uk/get-support/help-dementia-care/support-care-when-person-wont-accept-their-dementia-diagnosis), checked 26 November 2026
20. Alzheimer's Society: Coping with denial and lack of insight with dementia (https://www.alzheimers.org.uk/get-support/help-dementia-care/coping-denial-lack-of-insight), checked 26 November 2026
21. Alzheimer's Society: When a person with dementia doesn't want to change their clothes or wash (https://www.alzheimers.org.uk/get-support/living-with-dementia/dementia-washing-changing-refusal), checked 26 November 2026
22. Alzheimer's Society: How to support a person with dementia to wash, bathe and shower (https://www.alzheimers.org.uk/get-support/living-with-dementia/washing-bathing-showering-tips), checked 26 November 2026
23. Alzheimer's Society: Making decisions for a person with dementia who lacks mental capacity (https://www.alzheimers.org.uk/get-support/legal-financial/making-decisions-mental-capacity-dementia), checked 26 November 2026
24. Age UK: Worried about an elderly person: what to do and who to contact (https://www.ageuk.org.uk/information-advice/health-wellbeing/relationships-family/worried-about-someone/), checked 26 November 2026
25. London Fire Brigade: Home fire safety visits (https://www.london-fire.gov.uk/safety/the-home/home-fire-safety-visits/), checked 26 November 2026
26. Age UK: Factsheet 62, Deprivation of Liberty Safeguards (amended September 2026) (https://www.ageuk.org.uk/siteassets/documents/factsheets/fs62_deprivation_of_liberty_safeguards_fcs.pdf), checked 26 November 2026

Talk to Jackie about care at home: ask for a call back (#callback) or call 07446 010486 (tel:+447446010486).

About this guide

Written by the JNP Sidona team using the official sources listed above, which we checked on 26 November 2026. Rules, rates and thresholds change, usually each April, so always confirm the current position with the source or your council. This guide is general information, not medical, legal or financial advice. If you spot something out of

date, email info@jnpsidonasupportservices.co.uk (mailto:info@jnpsidonasupportservices.co.uk) and we will correct it.