CHOOSING CARE

Signs an Elderly Parent Needs Help at Home, and What to Say

The everyday signs to look for, when a change needs 999 or the GP instead, how to raise it kindly, and what to do if your parent says no to help.

By the JNP Sidona team · 10 November 2026 · 11 min read

The clearest signs an elderly parent needs help at home are changes in the everyday basics: eating, washing, getting about safely, keeping the home in order, managing medicines and post, and staying in touch with people. One sign on its own is rarely a crisis, but a pattern of them, building over weeks or months, is a good reason to talk and to ask the council for a free needs assessment. A **sudden** change, such as new confusion, is different: the NHS says to go to A&E or call 999 (https://www.nhs.uk/symptoms/confusion/).

KEY POINTS

- Look for a pattern over time across food, washing, safety, the home, medicines, money and mood. Write down what you see, with dates.
- Sudden confusion is a medical emergency, not a care question: call 999. Common causes in older people include infections such as a urine infection.
- Gradual forgetfulness, weight loss without trying, or any fall are reasons to book a GP appointment.
- Anyone can ask the council for a free needs assessment, including you on your parent's behalf. The council must assess anyone who appears to need care and support, whatever their level of need or money (Care Act section 9). If your parent refuses, the council can still assess them if they lack capacity to refuse or may be at risk of abuse or neglect (section 11).
- Start the conversation with what your parent wants to keep doing, not with what they can no longer do. Expect it to take more than one talk.

- If they have capacity, the decision is theirs, even if you think it is unwise.

What are the warning signs an elderly parent needs help?

Most signs show up in the home before they show up in conversation. On the phone, a parent can sound fine. Over a weekend visit, the fridge, the bathroom and the post tell a fuller story. Here is what to look for.

Food and drink

- A near-empty fridge, or food well past its date.
- Meals skipped, or the same simple snack every day.
- Weight loss you can see. The NHS says (https://www.nhs.uk/conditions/malnutrition/) losing 5% to 10% or more of body weight over 3 to 6 months is one of the main signs of malnutrition, and that weight loss is not an inevitable result of old age.
- Burnt pans, or the cooker left on.

If the cooker or other appliances are being left on, the NHS says (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/personal-alarms-security-systems-and-keysafes/) home monitoring systems can include sensors that detect smoke or gas and appliances left on, and send an alert to family or carers. Some councils provide basic monitoring systems, so ask your parent's adult social services.

Washing, dressing and the toilet

- Wearing the same clothes for days, or clothes that don't suit the weather.
- Unwashed hair, body odour or long nails, in someone who used to take pride in how they looked.
- Avoiding the bath or shower, which can be because getting in and out has become frightening.
- Signs of continence problems: wet bedding, a smell of urine, or a reluctance to go out.

Moving around and falls

- Holding on to furniture and walls to get across a room.
- Bruises they can't explain, or mention of a fall "that was nothing".

- Sleeping in the armchair because the stairs are too much.
- Not going out any more, even to the shops at the end of the road.

Any fall is a reason to see the GP (see below). In the meantime, a personal alarm lets your parent get help if they have a fall at home, and the council's needs assessment can lead to equipment such as grab rails (more on that under what help is available (#what-help-is-available-and-who-pays)).

The home, the post and money

- Unopened post, unpaid bills or reminder letters.
- Dishes, laundry and rubbish piling up in a home that used to be tidy.
- The heating off in cold weather.
- Unusual payments, piles of catalogues or charity requests, or a new "friend" who helps with money. These can point to scams. If you think your parent has been scammed, the government's Stop! Think Fraud (https://stopthinkfraud.campaign.gov.uk/reporting-fraud/) campaign says to report it to Report Fraud, the national reporting centre, online or on 0300 123 2040. If they have lost money, tell their bank straight away using a number you know is genuine, or call 159. The Age UK Advice Line (below) can talk it through.

Medicines

- Blister packs with tablets left over, or doses taken twice.
- Repeat prescriptions not collected, or collected and never opened.
- Confusion about what each medicine is for.

If you see any of these, ask the GP or their pharmacist for a medicines review. If you think they have taken a double dose or the wrong tablets, call NHS 111 (https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/) for advice. Call 999 if they become suddenly confused or seriously unwell.

Memory, mood and contact with people

- Repeating the same question in one conversation, or missing appointments.
- Finding familiar tasks hard, such as following a recipe or using the TV remote.
- Becoming withdrawn, low or irritable, or dropping friends, church or clubs.
- A partner who is doing all the caring and is visibly exhausted. That is a sign too.

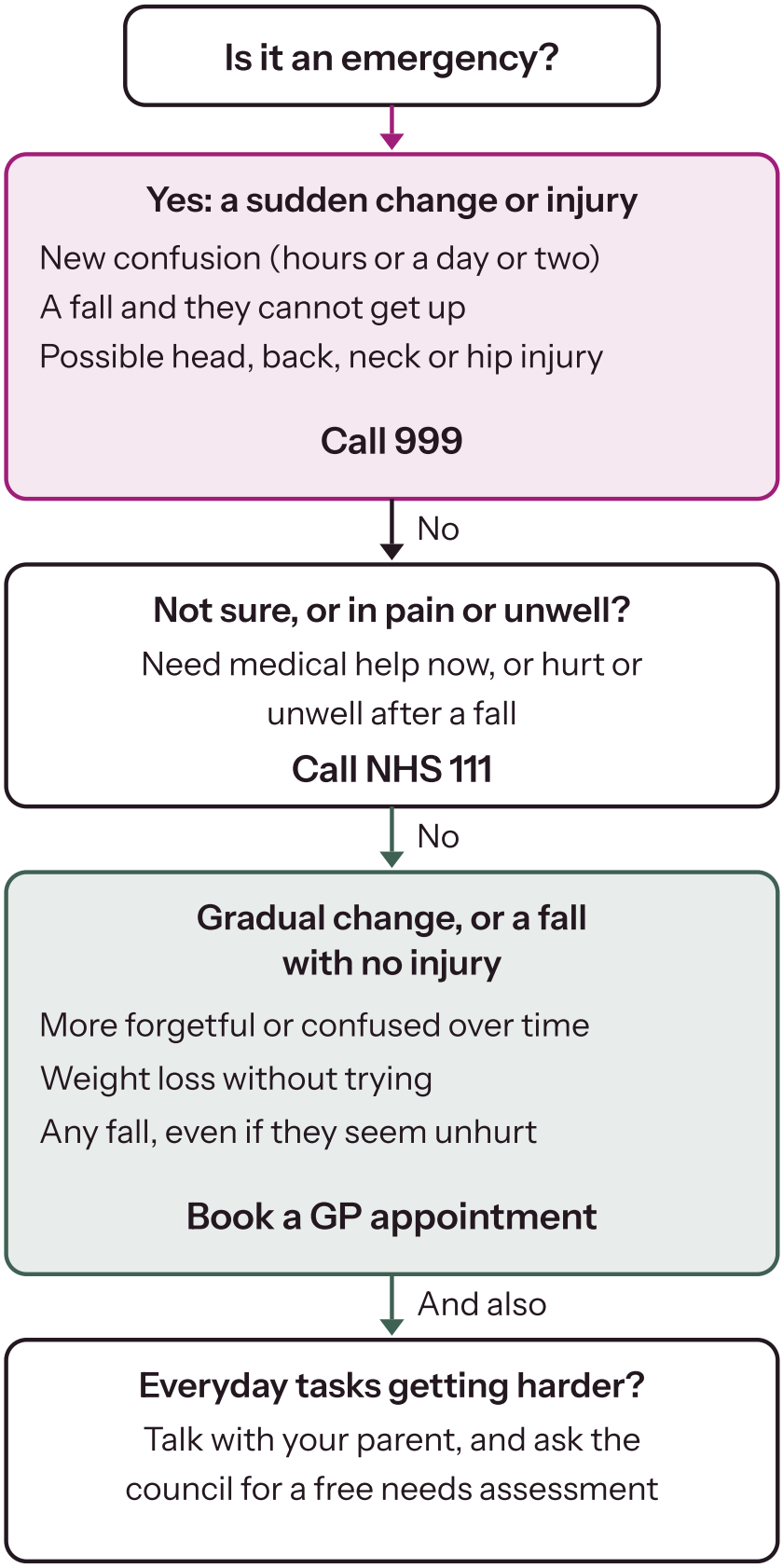
Memory loss, difficulty concentrating, struggling to find the right word, confusion about time and place, and mood changes are all on the NHS list of early dementia symptoms. They can

have other explanations, so they are a reason to see the GP, not a diagnosis.

Keep a simple log. Note the date and exactly what you saw ("no food in the fridge except milk", "a bruise on her arm, said she slipped in the bathroom"). Specific examples help the GP, they help the council's assessor, and they make a benefit claim far easier to fill in.

Is it a care need or a medical emergency?

Before you plan care, check whether the change needs a doctor first. How fast it happened matters as much as what happened.



Based on NHS advice on confusion, falls and NHS 111. A GP visit and a needs assessment can run side by side: one looks for a medical cause, the other for practical help.

When to call 999 or go to A&E

The NHS says (https://www.nhs.uk/symptoms/confusion/) to go to A&E or call 999 if someone **suddenly** becomes confused. Causes it lists include infections (urine infections are a common cause in older people and in people with dementia), a stroke or mini-stroke, low blood sugar in people with diabetes, a head injury and some prescription medicines. The same page says: "Do not drive to A&E. Ask someone to drive you or call 999 and ask for an ambulance." If you can't get your parent there safely with someone else driving, call 999.

After a fall, the NHS says (https://www.nhs.uk/conditions/falls/) call 999 if they may have hurt their head, back, neck or hip, or cannot get up. Don't try to lift them yourself. If they may be in pain, injured or unwell, call 111 for urgent advice. NHS 111 (https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/) also helps whenever you think someone needs medical help right now.

When to book the GP

See a GP if your parent has **gradually** become more forgetful or confused, has lost weight without trying, or has had any fall. The GP can check balance, refer to a falls service and review medicines that might affect balance. Ask for eyesight and hearing checks too, since the NHS links both to falls.

How do the signs match what the council looks at?

The council decides whether someone is eligible for care and support using a fixed list of "outcomes" set out in regulations under the Care Act 2014 (https://www.legislation.gov.uk/uksi/2015/313/regulation/2). A person is eligible if, because of a physical or mental impairment or illness, they are unable to achieve two or more of these outcomes, and that has, or is likely to have, a significant impact on their wellbeing.

"Unable to achieve" is wider than it sounds. It also covers someone who can do the task alone but only with significant pain, distress or anxiety, in a way that puts their safety at risk, or taking significantly longer than normal. So "Mum can still get dressed, it just takes her an hour and she's exhausted" can count as being unable to achieve that outcome.

Eight of the ten Care Act outcomes, and the signs an assessor would link them to (the other two cover work, education and caring for a child)

What you notice	Care Act outcome

What you notice	Care Act outcome
Empty fridge, skipped meals, weight loss	Managing and maintaining nutrition
Not washing, avoiding the bath	Maintaining personal hygiene
Accidents, wet bedding, not getting to the toilet in time	Managing toilet needs
Same clothes for days, dressed wrongly for the weather	Being appropriately clothed
Falls, stuck downstairs, cooker left on	Being able to make use of the home safely
Dirty kitchen, heating off, rubbish piling up	Maintaining a habitable home environment
Dropping friends and family, cut off	Developing and maintaining family or other personal relationships
Can't get to the shops, GP or a day centre	Making use of necessary facilities or services in the local community

Your notes, sorted under these headings, are the best preparation for an assessment. The NHS advises giving as much detail as you can about every everyday task your parent struggles with, even small ones. Our guide to getting a care needs assessment in London (/blog/care-needs-assessment) explains how to ask your borough and what happens next.

How do you start the conversation?

Being told you need "looking after" is hard to hear. What your parent may want very much is to stay at home, keep their routines and stay in charge, so frame the talk around keeping those things.

1. **Agree with your siblings first.** If brothers and sisters disagree in front of your parent, the talk will stall. Agree on what you have seen and what you might suggest.

2. **Pick a calm moment.** Not at a family gathering, not straight after a fall, not on the phone if you can help it. One or two people, at their home.
3. **Start with what they want.** "What would make it easier to stay here?" works better than "You're not coping."
4. **Use specific, kind observations.** "I noticed the post has been piling up. Is that getting to be a chore?" Avoid lists of failures.
5. **Offer small, concrete options.** Help with the shopping, someone to do the cleaning, a visit to make lunch, a key safe or a personal alarm. Small help is easier to say yes to, and you can add more later.
6. **Let them have a say.** Who comes, when, and what they help with. The more say they have, the more likely help is to stick.
7. **Bring in someone they trust.** Some parents will hear it from their GP, a friend or a faith leader more readily than from their children.
8. **Stop if it turns into a row.** Come back to it another day. It may take several conversations.

If they say...

- **"I'm fine, stop fussing."** Don't argue the point. Try: "I know you're managing. I'd just worry less if someone helped with the heavy shopping. Could we try it for a month?"
- **"I don't want strangers in my house."** Try: "You can ask to meet the carer first and tell the agency which times suit you. If it doesn't work out, you can ask for a change."
- **"I can't afford it."** Try: "Let's find out before we decide. The council's assessment is free, and you may be able to claim Attendance Allowance whatever your savings."
- **"Don't tell anyone."** Try: "I won't share anything without asking you. But I'd like to talk to your GP with you, so they know what's been happening."

If you live far away. Phone calls hide a lot. Ask a neighbour or friend you trust to look in, video call so you can see the room, and plan a longer visit to see a normal day. A key safe lets a carer, a relative or the emergency services get in if your parent can't reach the door.

What if your parent says no?

Under the Mental Capacity Act, everyone is assumed to have capacity to make a decision unless it is shown otherwise, and someone must not be treated as lacking capacity just because their decision seems unwise. So if your parent understands the risks and still turns down help, that is their right. Keep the door open, keep visiting, and try again with a smaller offer.

While your parent still has capacity, it is also the time to talk about a lasting power of attorney. GOV.UK says (https://www.gov.uk/power-of-attorney) the person making one must have mental capacity when they make it, and there are two types: health and welfare, and property and financial affairs.

The law also says the council does not have to carry out a needs assessment if an adult refuses one. There are two exceptions: where the person lacks capacity to refuse and an assessment is in their best interests, and where they are experiencing, or at risk of, abuse or neglect. If you think your parent is at risk, tell their council's adult social care team; each London borough has its own. In Lewisham, the council gives 020 8314 7777 (option 1) for anyone worried about an adult; our page on home care in Lewisham (/home-care-lewisham) covers the local route, and the areas we serve (/areas-we-serve) lists the other boroughs we cover.

When memory problems are part of the picture, refusals may need a different approach. Our guide on what to do when a parent with dementia refuses care covers capacity, best interests and introducing a carer gradually.

What help is available, and who pays?

Ask the council for a needs assessment

The NHS says the needs assessment is free and anyone can ask for one. Contact the adult social care team at your parent's borough council, by phone or online. Under section 9 of the Care Act (https://www.legislation.gov.uk/ukpga/2014/23/section/9), their level of need or money doesn't stop them being assessed.

Equipment and changes to the home

The needs assessment is also the route to equipment and adaptations. The NHS says (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/) the council can recommend equipment such as a walking frame or a personal alarm, and changes to the home such as a walk-in shower. The assessor may be a social worker or an occupational therapist, and if your parent might need alterations such as grab rails in the bathroom, they may be referred for a separate home adaptations assessment. According to the NHS (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/household-gadgets-and-equipment-to-make

-life-easier/), equipment and small adaptations are provided free if your parent is assessed as needing them. Our guide to preventing falls at home covers what to change room by room.

Who pays for care at home?

If your parent is eligible, the council then carries out a free financial assessment (means test) (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/financial-assessment-means-test/). For 2026/27, the government's charging circular (https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2026-to-2027/social-care-charging-for-care-and-support-2026-to-2027-local-authority-circular) keeps the upper capital limit at £23,250 and the lower capital limit at £14,250. Above the upper limit, your parent generally pays the full cost; below it, the council works out what they can afford to contribute. For care at home, the NHS says the value of their house is not included in the financial assessment. Councils set their own charging policies within these rules, so ask your parent's borough how it works there. Our page on paying for care in London (/paying-for-care-london) goes into the detail.

Check Attendance Allowance

Attendance Allowance is for people who have reached State Pension age and need help caring for themselves, or someone to supervise them, and have needed that help for at least 6 months. In 2026/27, GOV.UK gives the rates (https://www.gov.uk/attendance-allowance/what-youll-get) as £76.70 a week (the lower rate, for frequent help or constant supervision during the day, or supervision at night) and £114.60 a week (the higher rate, for help or supervision both day and night). Different rules apply near the end of life, where it can be paid more quickly and at the higher rate. It is not means-tested: GOV.UK says earnings and savings do not affect what you get. Our guide to applying for Attendance Allowance (/blog/how-to-apply-for-attendance-allowance) shows how to describe needs on the form.

If you are the one helping

If you already look after your parent regularly, you can ask the council for a carer's assessment (https://www.nhs.uk/social-care-and-support/support-and-benefits-for-carers/carer-assessments/). The NHS says it is free, anyone over 18 can ask for one, and it can be done at the same time as your parent's needs assessment.

Help you arrange yourselves

Home care can be as little as an hour a week or several hours a day, according to the NHS, and covers things like getting up, washing, dressing, using the toilet, meals, medicines, shopping and getting ready for bed. Any agency that provides personal care (https://www.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/regulated-activities/personal-care), such as washing, dressing or help with the toilet, must be registered with the Care Quality Commission (CQC). A

service that only offers social support, such as help with shopping, does not have to register. Check an agency's registration and latest inspection report on the CQC website before you agree anything. For free, independent advice, the Age UK Advice Line is on 0800 678 1602, 8am to 7pm, every day of the year.

Questions families ask

Does my parent need a diagnosis before getting help?

My parent lives in a different borough from me. Who do I contact?

Can I get support for myself if my parent won't accept help?

What if the council says my parent doesn't qualify?

How we can help

JNP Sidona is a CQC-registered home care agency on Lewisham High Street. We registered in October 2023 and have not yet been inspected, so we have no rating. If you have seen some of these signs and your parent is open to help, Jackie, our registered manager, will visit for a free home assessment and listen to what your parent wants. You then get a written care plan and a quote. Care can start small, with companionship, home help (including meal preparation) or medication support (/medication-support-london), and grow if needs change. Visiting care is for Lewisham and nearby south-east London, depending on carer availability, and live-in care is available across London. Our page on arranging care for an elderly parent in London (/care-for-elderly-parents-london) explains how we work with sons and daughters. See also everything we offer (/what-we-offer) and the areas we cover (/areas-we-serve). We do not give benefits, funding or legal advice; the Age UK Advice Line above can help with that.

Sources

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About this guide

Written by the JNP Sidona team using the official sources listed above, which we checked on 9 October 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.