End of Life (including Death of a Service User Notification of Death)

1. Purpose

The purpose of this procedure is to provide guidance to staff in the preparing, planning and supporting service users in regards to end of life planning and the procedures to follow in the event of death of a service user.

NB: Key Holder is referred to in this procedure and means a staff member designated as responsible for the safe keeping of the medicines and cash keys. This person would be identified within the 24 Hour Report Book.

Service Users are assured that at the time of their death, employees will treat them and their family with care, sensitivity, understanding and respect.

2. Death In Hospital

2.1. Terminal care, attention and pain relief

All employees are required to pay special attention to the needs of people who are dying and to ensure that terminal care is reviewed, organised and administered both in accordance with medical advice and the needs/wishes of Service Users.

Where Palliative Care (addressing not only pain, but also psychological, social and spiritual problems to achieve the “best possible quality of life for patients and their families” – World Health Organisation 1990) is considered then the services of trained professionals or specialist agencies will be called upon where there is no specialist in-house facility competent to deliver this level of service.

At all times employees will endeavour to:

- work and communicate effectively with the Service User;
- support the Service User’s spiritual concerns (with appropriate assistance);
- help to resolve the Service User’s “unfinished business”;
• **provide time to listen**, or if time is not immediately available, make alternative; arrangements with someone “who can”;  
• work with health professionals;  
• work with advocates, family and friends, and support their needs, as required;  
• **understand, record and communicate** the Service Users wishes regarding funeral arrangements etc;  
• Complete `When I die` booklet with the Service Users and their families and /or circle of friends if appropriate.  
• Take care of own needs and feelings.

### 2.2. Involvement of family and friends

Employees will advise next of kin, family, friends, advocates etc of the Service User’s current condition, and seek advice as to who needs to be formally contacted at the time of the Service Users death, and the timing of such communication, if, for example, it occurs during the night. Generally speaking (and with the approval of the Service User) the involvement of family, close friends etc is a source of considerable support to the dying Service User and visiting will be encouraged at all times.

Where necessary, special arrangements may be made for the close family member/friend to “sleep-in” with the Service User, if this is desirable and helpful. Where the needs of Service Users are difficult to understand or evaluate directly with the Service User, and this state is likely to persist until death occurs, then where possible family and friends will be used to try to identify the wishes regarding terminal care and arrangements post death.

### 2.3. Comfort, dignity and privacy

The comfort, relief from pain, privacy and dignity of people who are dying is of course important at all times although in terminal situations employees are required to increase the amount of time etc devoted to ensuring the Service Users needs are met and to ensure that he/she is not left alone, unless he/she wishes this.

**At all times:**

• The needs and wishes of Service Users concerning their terminal care, and arrangements to be put into effect after their death will be established (via discussion with Service Users/appropriate family members) and fulfilled in a timely manner;  
• Service Users will be allowed to spend their final days in their own rooms, surrounded by their personal belongings, unless there are strong medical reasons to prevent this;
• Employees and other Service Users who wish to offer comfort and support to a dying Service User will be enabled and supported to do so;

• The changing needs of Service Users with deteriorating conditions or dementia – for personal support or technical aids – will be reviewed and met swiftly to ensure that the Service User retains maximum control;

• The body of a Service User who has died will be handled with dignity and time will be allowed for family and friends to pay their respects.

3. When Expected Death Occurs at Home
(For Sudden Death See Section 2)

When death is expected due to illness etc. and an ethical decision NOT TO ATTEMPT RESUSCITATION and is documented as part of a Service Users End of Life Support Plan and you suspect a service user had died:-

3.1 The Team Manager or key holder will:-

- Inform the Operational Network Manager or if out of hours on leave etc. the Local On Call Manager who must attend.

NB: In the event of a death whilst in Hospital the On Call Manager does not need to attend or take any further action but they must inform the next level of On Call.

- Do not move the deceased simply place a sheet over the body. Wherever possible someone should stay with the body.

- Inform the GP and note the time contacted on the Death of a Service User Checklist (see Appendix A).

- Until the Operational Network Manager/On Call person arrives they will liaise with the GP.

- Refer to the service user’s ‘When I Die’ Plan (see Appendix B).

- If not already present inform the appropriate Minister of Religion.

- Take advice from the deceased’s family/advocate or appropriate Minister of Religion regarding cultural/religious considerations and family wishes (further information at Appendix I and J).

- Support those close to the deceased person: staff, relatives, friends, advocates allow them private time with the deceased person.
- If relatives/friends/advocate are not present at the time of death, ensure that they are informed at an appropriate hour, unless it has been agreed that they will be notified immediately.

- Arrange transport home for relatives/friends/advocates if required

- Attempt to keep other service users away from the area and close the door if appropriate. Offer them the necessary support.

- The Funeral Director must be advised if the deceased person has a pacemaker fitted or has an infection (see Section 5).

### 3.2 Management Action for Expected Deaths

When the Operational Network Manager/Local On Call arrives they:

- Enter their arrival time in the 24 Hour Report Book and on the Death of a Service User Checklist.

- Complete an email to the Director of Operations, and (Operations Manager of the death, include circumstances, time, and any actions taken.

- Will ensure that support is offered to service users and support staff.

- Will – if out of hours notify the Senior On Call Manager. During **office hours** the Operations Manager will be notified.

The Operations Manager will inform the Director of Operations, Commissioner of the Service and the Housing Association. If out of hours this should be done at the earliest opportunity, i.e. the next working day.

Under the Health and Social Care Act 2008, Community Service are registered with the Care Quality Commission to provide these services: Domiciliary Care, Supported Living and Registered Care Home without nursing and as such must comply with the Essential Standards of Quality and Safety which details what providers must do to comply with Section 20 regulation of the Health and Social Care Act 2008 – follow link to document:


Outcome 18 – Notification of Death of Service User (Regulation 16) details the requirement to notify the Care Quality Commission without delay of ALL deaths of a person using the service where they die while receiving, or as a result of, the care, treatment or support provided by the service. The notifications will be completed by the Operation Manager, Registered or Responsible Person as soon as possible following the death. Notifications of Death of Service User must be made using the appropriate form – follow link below:-
3.3 In the week following the death the Team Manager will:-

- Initiate the Death of a Service User Checklist (*Appendix A*). Copies are available from the ‘G’ Drive.
- Ensure that unused drugs are returned to the local Chemist and obtain receipt within 7 days.
- Ensure that any monies belonging to the deceased are checked, witnessed and paid into the service user’s bank account within 7 days.
- Following discussion with the Operations Managers/Community Service Accountant. Advise the Bank of the death who will in turn freeze the service user’s account.
- In consultation with the Operational Network Manager will organise disposal of possessions in accordance with the agreed ‘When I Die’ (*see Appendix B*). Where families are involved they may be asked for a view.

Operational Network Manager will ensure that whoever is organising the funeral registers the death with the Registrar within the relevant time frame (*usually 5 working days*) and where possible, obtain a death certificate.

3.4 Who can register the Death?

**Death at Home or in Hospital**

- A relative of the deceased.
- Someone present at the death.
- The occupier of the house or Hospital if he or she knew of the death.
- Another person living at the house if he or she knew of the death.
- The person making the arrangements with the Funeral Director.

**Death Elsewhere**

- A relative.
- Someone present at the death.
- Someone who found the body.
4. Sudden and Unexpected Death

Loan Worker (see Flow Chart at Appendix C)

4.1 The Team or Deputy Team Manager or key holder will:-

- On discovery of the body observe for vital signs, chest rising or falling, pulse, colour of skin and feel for breath. *(Where signs of life are present consideration needs to be given to the application of CPR and/or moving the person into the recovery position. Calling the emergency services)*. If vital signs are not obvious do not move the body.

- Dial 999 and ask for the Police and Paramedics, explaining the situation.

- The person dealing with the incident may, if available, nominate another staff member to take charge of the area/room where the body is until the Police/Paramedics arrive.

It is important to keep others away from the area. If staff are on their own secure the door to the room where the body is.

- The Paramedics, Coroner must be advised if the deceased person has a pacemaker fitted or is infected *(see Section 5)*.

- During office hours the Operational Network Manager will be contacted to attend. Where they are not available, i.e. out of hours, on leave etc. the On Call System will be activated at all levels, i.e. Local, Senior, On Call will be informed.

**NB:** Both Local and Senior On Call Manager must attend.

- If the service user is taken to Hospital and passes away whilst in Hospital the local On Call Manager must attend the Hospital and the Senior On Call Manager must attend the person’s home. This is to provide support to staff and relatives that have been affected by the person’s death.

4.2 Management Action for Sudden Death

On arrival the Operational Network Manager or Senior On Call will:-
➢ Enter their arrival time in the 24 Hour Report Book and on the Death of a Service User Checklist.

➢ Will ensure that support is offered to service users and support staff.

➢ Immediately and as sensitively as possible commence a fact finding investigation (statements must be completed as soon as possible. It must be within 24 hours of the death).

➢ In consultation with support staff make an entry in the 24 Hour Report Book, service user records, complete an incident report and complete an email to the Director of Operations, and Operations Manager of the death, include circumstances, time and any actions taken.

Please print a copy for the service user’s record.

➢ Will ensure that the next of kin are informed. In a sudden death the Police will often carry this out.

➢ During Office Hours: Will inform the Operations Manager and the Director of Operations. The Director of Operations will in turn inform the Directors.

➢ Report to the Chief Executive: Within the proceeding days following the sudden death the Operations Manager will be required to present a more detailed report to the Director of Operations.

The Director of Operations will inform the Commissioner at the earliest opportunity by phone and follow this up in writing.

Under the Health and Social Care Act 2008, Community Service are registered with the Care Quality Commission to provide these services: Domiciliary Care, Supported Living and Registered Care Home without nursing and as such must comply with the Essential Standards of Quality and Safety which details what providers must do to comply with Section 20 regulation of the Health and Social Care Act 2008 – follow link to document:


Outcome 18 – Notification of Death of Service User (Regulation 16) details the requirement to notify the Care Quality Commission without delay of ALL deaths of a person using the service where they die while receiving, or as a result of, the care, treatment or support provided by the service. The notifications will be completed by the Operation Manager, Registered or Responsible Person as soon as possible following the death. Notifications of Death of Service User must be made using the appropriate form – follow link below:-

http://www.cqc.org.uk/publications.cfm?fde_id=16214
The Operational Network Manager will inform the Housing Association by phone and follow it up in writing, where requested.

4.3 During the days following the death the Team Manager will:-

- Initiate the death of Service User Checklist, taking into account any restrictions around the release of the body, investigations etc.
- Ensure that family/friends/advocates are kept fully up to date with proceedings.
- Within 7 days and only following permission from the police return any unused medication to the local Chemist and obtain a receipt.
  
If medication is removed by the Police or Coroner request a signature.

- Ensure that any monies belonging to the deceased are checked, witnessed and paid back into the deceased’s bank account within 7 days.
- In consultation with Operational Network Manager organise disposal of possessions in accordance with the agreed ‘When I Die’ (see Appendix A). Where families are involved they may be asked for a view.

5. Funeral Arrangements

5.1 Unless a service user chooses otherwise funeral arrangements will have been discussed with them and those closest to them at a Planning Meeting. Where service users choose not to discuss funeral arrangements this will be recorded in their Personal file.

‘When I Die.’ The detail of service users wishes will be recorded within a ‘When I Die’ booklet (Appendix B). Unless a service user chooses otherwise the completed booklet will be kept with the service users personal records (form part of their Person Centred Plan) and should be revisited at least once every 6 months.

NB: Where possible service users must be made aware that the ‘When I Die’ booklet is not a legal document, therefore their wishes/instructions may not be carried out as requested. If the service user wants to ensure that their possessions are distributed as they have requested, they must be encouraged to make a will (see Section 4).

Section: Instruction to follow in the event of imminent or actual death: This section must include any particular wishes of the person and any cultural and/or religious rights or considerations. When completing this section advice may be sought from a Minister of Religion. (Refer to Appendix H and I for information regarding various religions/cultures and Ministers).
5.2 Funeral Plans

If the service user has a Funeral Plan then the Funeral Director who issued the plan should be contacted, otherwise funeral arrangements should be made either by family, friends, advocates or home staff as per ‘When I Die’.

If not the family/friend or the Team Manager will make appropriate arrangements for after the funeral in accordance with the deceased person’s wishes and/or beliefs.

**NB: When funeral plans are taken out the main costs within it are index linked, however, some costs remain static therefore from time to time the Team Managers should check with the person who issued the policy to ensure costs are not prohibitive to service users.**

5.3 Please note in cases of sudden and unexpected death a post mortem will be carried out and a death certificate will not be issued until after a Coroner’s decision or inquest has been held.

6. Wills and Service Users’ Monies

Not all people with a learning disability will have capacity to understand or make a will, where appropriate making a will should be encouraged *(see MENCAP Guidance at Appendix J)*.

6.1 Death without a Will or Living Relative or Next of Kin

- If the property has no value, it may be disposed of.

- If the value of the property is less than £500, it may be sold and the proceeds of the sale applied by Future Directions CIC to its own purposes.

- If the value of the property is more than £500, the matter should be referred to the Treasury Solicitor. Where the value is between £500 and £2,000, Form BV1C should be used, where the value is over £2,000, Form BV1A should be used.

- Team Manager/Operational Network Manager will contact the Treasury who will advise on the necessary course of action to be taken:

  Treasury Solicitors Department  
  Queen Ann Chambers  
  28 Broadway  
  LONDON  
  SW1H 9JS
6.2 **Death without a Will**

Two forms need to be completed by the nearest relative *(available from ‘G’ Drive, see Appendix F and G)*.

The claim for deceased service user’s property *(Appendix F)* must be completed prior to the nearest relatives receiving the deceased service user’s money or property. This form is used to gain details of the nearest living relatives and ensure the entitled person(s) are in receipt of the Estate. Once completed it must be sent to the Company Accountant in the Finance Department.

Letters of Administration must be obtained where the nearest relative will be receiving over £5,000.

The Indemnity for Deceased Service Users Property *(Appendix G)* must be completed when the relatives have received the deceased service user’s property and money. Once completed it must be sent to the Community Services Accountant in the Finance Department.

6.3 **Death when a Will has been Made**

The Team Manager/Operational Network Manager must inform the executor of the will.

7. **Care and Removal of Infected Bodies**

Infection control precautions are necessary if a service user has died while known or thought to be suffering from any of the following infectious diseases. *(See Infection Control Policy)*

The Police, Coroner and Funeral Director must be informed of the risk of infection at the time that arrangements are made for removal.

8. **Post Death Review**

Within *28 days* of the death the Operations Manager in consultation with the Network and Team Manager will convene a Post Death Review Meeting *(Post Death Review, Appendix D.)*

The Operational Network Manager will be responsible for chairing the meeting; in their absence the Team Manager will take responsibility.

The meeting will primarily involve those concerned with the service user before their death *(i.e. Key worker, support staff, GP, Consultant, Operational Network Manager and any other relevant Professionals)*.

The primary purpose of this will be to discuss:-

- The cause of death.
- Outline of circumstances leading up to the death.
- Any Lessons learned/further actions.
- Any outstanding actions that may be required – including progress and completion of Death of a Service User Checklist (Appendix A).

See Post Death Review Form (Appendix D) for further guidance

Following the Post Death Review the Operational Network Manager will send the completed form to the Director of Operations who will following review forward a copy to the Directors.

The Director of Operations will present Post Death Review at the next available Directors Meeting for discussion.
End of Life (Including Death of a Service User)  
Appendix A

Please write clearly, in black ink, initial amendment and do not use tippex

DEATH OF A SERVICE USER CHECKLIST

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date Complete</th>
<th>Name</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP contact</td>
<td>Time Contacted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Network Manager/On Call Manager</td>
<td>Time Contacted</td>
<td></td>
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<tr>
<td>Inform Senior On Call Manager</td>
<td>Time Contacted</td>
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<tr>
<td>Inform EMT On Call Manager (out of hours)</td>
<td>Time Contacted</td>
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<tr>
<td><strong>Sudden Death:</strong> Notify the Head of Operations/Chief Executive within 24 hours</td>
<td>Time Contacted</td>
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</tbody>
</table>

**THE FOLLOWING MUST BE DONE IMMEDIATELY:-**

- Complete entries in the:
  - 24 Hour Report Entry
  - Diary entry in personal notes
  - PRISM completed *(Sudden Death only)*

Notification of Death report initiated and completed

Contact the relatives

Inform the GP

**Sudden Death:** Personal records *(Kare File)* given to the Police/Coroner

Contact the Funeral Director

Inform Funeral Director/Coroner if the deceased person has a pacemaker or infectious disease

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End of Life including Death of a Service User  
( Including Death of A Service User/Notification of Death)  
Issue Date: September 2012  
Review Date: September 2015
Inform Finance Department at Calderstones and get relevant forms *(Appendix F and G)*

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date Complete</th>
<th>Name</th>
<th>Additional Comments</th>
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<tbody>
<tr>
<td>Funeral arrangements <em>(including newspaper entry)</em> arranged with Funeral Director</td>
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<tr>
<td>Obtain Death Certificate from Registrar, Coroner’s Office or Funeral Director (sudden death after inquest). To be done within 5 days of death</td>
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<tr>
<td>Inform Finance Department at Calderstones and get relevant forms <em>(Appendix F and G)</em></td>
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<tr>
<td>Discussion with Operations Manager/Finance Department Community Accountant regarding freezing bank account</td>
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<tr>
<td>• Pay personal cash back into Bank Account</td>
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<tr>
<td>• Cancel direct debit/standing orders</td>
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<tr>
<td>• Contact the bank to freeze all accounts. <em>(If Solicitor involved they may do this)</em></td>
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<tr>
<td>• Take Death Certificate to the Bank</td>
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<tr>
<td>Inform Benefits Agencies/Obtain appropriate DSS Form</td>
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<td>Inform the Housing Association</td>
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<tr>
<td>Unused drugs returned to Chemist. Obtain a receipt for returned drugs <em>(unless sudden death see Section 2.3)</em> and inform Chemist of death</td>
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<tr>
<td>Where the service users name appears on a utility bill inform them</td>
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<tr>
<td><strong>Wills:</strong> Contact the service user’s Solicitor/Executor, or in the event of no known Executor check legal requirements on disposal of assets</td>
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<tr>
<td>If under Court of Protection inform Solicitor</td>
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<tr>
<td>Disposal of personal clothing to be arranged with next of kin or advocate</td>
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<tr>
<td>Contact the Treasury <em>(inform Duchy of Lancaster if applicable)</em></td>
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<tr>
<td>Inventory sheet adjusted following disposal of personal clothing, money, personal possessions and valuables in line with procedure</td>
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<tr>
<td>Within 28 days arrange the Death Review Meeting</td>
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<tr>
<td><strong>After Post Death Review:</strong> Sort personal records/return records to Medical Records at Calderstones</td>
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<tr>
<td>Notify CQC – In accordance with Health and Social Care Act Regulation 16 and CQC Essential Standards of Quality and Safety Outcome 18, report all service user deaths to CQC utilising Notifications of Death of Service User Form – <a href="http://www.cqc.org.uk/publications.cfm?fde_id=16214">http://www.cqc.org.uk/publications.cfm?fde_id=16214</a></td>
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**NB:** Aim to finalise all financial aspects within 8 weeks of death. Some of the financial aspects may differ if service user under receivership or if die intestate and have assets.
End of Life
(Including Death of a Service User)
Appendix B
Please write clearly, in black ink, initial amendment and do not use tippex

Private and Confidential

When I Die

This Person Centred Plan belongs to

Please treat this document with respect

Please note this document is not legally binding and could be contested in a Court of Law
ABOUT ME

My name is: ____________________________

I like to be known as: ____________________________

This booklet is part of my Person Centred Plan and was first completed on: ____________________________

I live at: ___________________________________________

Tel: ____________________________

My religion is: ____________________________

Name of Priest/Holy Man/Vicar to be contacted: ____________________________

Tel: ____________________________

My next of kin/advocate is: ____________________________

Tel: ____________________________

Their address is: ____________________________

Tel: ____________________________
End of Life including (Including Death of A Service User/Notification of Death)

Issue Date: Jan 2013
Review Date: Jan 2016

Things to do in the event of imminent or actual death:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other people involved in bringing this plan together were:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This was a “Best Interest discussion decision” discussion

Yes  ☑  No  ❌

circle choice

Where ever possible I would like to be cared for in my own home if I am very ill

Yes  ☑  No  ❌

circle choice
MY BURIAL OR CREMATION

Burial

I have decided that I would prefer to be buried.

Yes [ ] No [x] circle choice

I have a place in a family burial plot or I have purchased a plot

Yes [ ] No [x] circle choice

If yes details:

If no I would like to be buried at:

Cremation

I have decided that I would like to be cremated

Yes [ ] No [x] circle choice

I would like this to take place at:

I would like my ashes to be:
ABOUT MY FUNERAL SERVICE

I would like the service to take place at: ________________________________
______________________________________________
______________________________________________
I would like the service to be ________________________________
Yes ☑️ No ☒️
circle choice
informal

I would like _____________________________________ to take part in my service
Their address is ________________________________
Tel number: ☎️ ________________________________

I would like the following pieces of music to be played:
1. ________________________________
2. ________________________________
3. ________________________________

I would like the following to be read:
1. ________________________________
2. ________________________________
ABOUT MY FUNERAL SERVICE (continued)

Add picture

I would like these things to be placed in my coffin with me.

___________________________________________

___________________________________________

___________________________________________

flowers

I would like flowers at my funeral

Yes ☑ No ☒

circle choice

Add picture

My favourite flowers are _______________________

___________________________________________

___________________________________________

___________________________________________

Donations

Rather than flowers people may donate to:

___________________________________________

___________________________________________

___________________________________________

Yes ☑ No ☒

circle choice
ABOUT MY FUNERAL
I would like where my ashes or body is buried to be marked with: (circle choice)

Remembrance Book
And I would like: (e.g. a tree planted)

What tree?
ABOUT MY WILL

I have/have not made a will made a:

Yes  ☑  No  ❌

circle choice

My will is kept with (name)

Address:
___________________________________________
___________________________________________
___________________________________________

Funeral Plan.

I have/have not got a Funeral Plan.

Yes  ☑  No  ❌

circle choice

My funeral plan details are as follows:

Name of Plan: ___________________________
Policy Number: _________________________
Agency Address: _________________________
Contact Number: _________________________
MY WISHES ABOUT MY THINGS

I would like my things to go to: _________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I would like my clothes to go to: _________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I would like you to help me: _________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Advanced Directives on the acceptance of refusal of treatment

I have registered as an organ donor

Organ Donation

Yes  
No

(circle choice)

My donation card is kept:
BEST INTEREST DISCUSSION

Following DoH Guidance on consent it has been agreed that this person is unable to confirm their wishes in respect of their death.

To assist _______________________ with this a meeting has taken place with their representatives (family, staff) to complete this plan on their behalf.

Who was involved in the discussion? (Print name and title)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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Plan completed by ____________________________________________

Date Initiated: .............................. If the person’s wishes or feelings change please record and date these changes on the next page.

Review Dates

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NOTES ON THE USE OF THE ‘WHEN I DIE’ BOOKLET

1. General

Working through this booklet is mostly self explanatory. Work on the book may be completed over a number of weeks or even months. The way in which the work is first broached is very important and needs to be done in a sensitive manner at an appropriate time. Many opportunities present themselves in day to day life which allows a start to be made in a natural way. Sometimes filling out the book will be well understood and informed by the person in others the gathering of information and decision making will be undertaken in the Best Interest of the individual (see Mental Capacity Act 2007).

2. Funeral Arrangements

This section includes preferences for burial, cremation and the service which the person may wish to have a say in planning.

3. Funeral Plan or Bond

A funeral plan or bond may be purchased from funeral firms or insurance companies and this enables pre payment for people who can afford this and who wish it, together with a measure of protection against inflation. The “When I Die” book should state when a person has a bond and clearly give the location of the bond.

When taking out a funeral plan or bond it is imperative that it gives the full details of what the plan/bond covers.

NB: Dependant on when the Plan/bond is surrendered some associated costs i.e. GP costs, due to inflation may not be fully covered

4. Wills

People who are competent decision makers may wish to make a will. This should be encouraged and a record of where the document is located made in the “When I Die” booklet.

People who do not have capacity to make decisions cannot make a will and best interest wills do not appear to be a legal option.

However, based on their depth of knowledge, the key worker and family members may wish to help the person to decide on what happens to his or her personal possessions and clothes when they die. There is a section for this information – however this is not legally binding and could be contested in a court of law.
5. **Right to Accept or Refuse Treatment**

An autonomous adult with capacity to consent has the right to refuse treatment or to make it clear that they wish to receive or not receive treatment in all or any circumstances and to make an advance directive about this. An exception to this is where a person is detained under the Mental Health Act. Judging a person’s capacity to make a decision is just that. It is not about whether, in the opinion of others, they are making the “right” decision, but whether they are making an informed decision.

Best interest decisions do not appear to be possible in advance of the onset of a terminal illness. However, treatment decisions for people who lack capacity and who are terminally ill will be taken in their best interest at that time.

6. **Donation of Organs**

An adult with capacity to consent can make an advance directive about this. People with learning disability who have capacity may need support and guidance about this. Where this has been decided the person will need to carry an organ donation card.

There does not appear to be any way in which advance directives for adults who lack capacity can be made about this using the best interest principle.

Organ Donation legislation is currently under review.

7. **Review**

The person’s PCP or Care Plan Review may modify decisions in which case it is important to update the *When I Die* booklet. The dates of changes must be identified in the document and signed by the individual making these changes.

*Acknowledgment to Manchester Learning Disability Partnerships for their contribution in the ongoing developing of this document.*
End of Life (Including Death of a Service User)
Appendix C

Sudden Death – Lone Worker

Dial 999 – informing the control that there is a sudden death

Return to the service user
Consider using CPR and placing in the recovery position. If no CPR attempted
DO NOT move the body

If attempting CPR continue until Paramedics arrive – then continue with rest of required actions

Secure the room and return to the office to inform the Operational Network Manager or On Call who will attend ASAP

Paramedics arrive. If there is a pacemaker fitted inform Paramedics

If there are no signs of life the Paramedics will inform the Police

If signs of life present and taken to Hospital – Operational Network Manager or On Call to attend Hospital directly

Operational Network Manager/On Call in attendance. Inform Operations Manager, Head of Operations/Senior On Call

Police in attendance will carry out preliminary investigations and inform next of kin

Complete 24 Hour Report Book/Death of Service User Checklist/Personal Records

Body Removed

Offer support to Service User’s and staff

Commence fact finding
End of Life  
(Including Death of a Service User)  
Appendix D

**Post Death Review**

Please write clearly, in black ink, initial amendment and do not use tippex  
This form must be fully completed within the 28 days of the death and then forwarded to  
the Head of Operations

| Name: | ________________________________ |
| Date of Death: | Date of Birth: | Age: |
| | | |
| Address: | ________________________________ |
| | |
| Next of Kin: Mr/Mrs/Ms | Relationship: |
| Date of Meeting: | ________________________________ |
| Present: | Designation: |
| | ________________________________ |
| | ________________________________ |
| | ________________________________ |
| | ________________________________ |
| | ________________________________ |
| Apologies: | ________________________________ |
| | ________________________________ |
| | ________________________________ |
| | ________________________________ |
| | ________________________________ |
| | ________________________________ |
1. **Cause of Death**
   - **Sudden or Expected (delete)**
     - At Home [ ]
     - In Hospital [ ]
     - Other [ ]

2. **Brief outline of the circumstances/history leading up to the death**

3. **Any lessons learned?**

4. **From the review were there any outstanding actions requiring attention? (Including who is responsible for the action)**

   Any other Comments

---

**OPERATIONS MANAGER:**

**DATE COMPLETED:**

**HEAD OF OPERATIONS:**

**DATE RECEIVED:**

**Copy to:** Medical Records and Chair of the Clinical Audit Committee
GUIDANCE NOTES FOR CONSIDERATION

1. **Cause of Death?**

   Consideration to be given to:-
   - Sudden or expected death.
   - Where the death occurred.
   - Reason given on the Death Certificate.

2. **Outline of circumstances leading to death**

   Consideration to be given to:-
   - What were the events leading up to the death?
   - Was there any diagnosed ill health or medical conditions that may have contributed to the death?
   - Was there any undiagnosed ill health or medical conditions found at the PM that may have contributed to the death?
   - If an expected death:-
     - Involvement of other professionals from the PCT, Local Authority i.e. supports and/or treatment they provided?
     - Was the support and care plan understood? Had staff involved had appropriate support, guidance or training in the delivery of the plan?
       - If a sudden death - actions taken by staff, managers and emergency services?

3. **Lessons Learnt (For the team, service and organisation)**

   Consideration needs to be given to:-
   - Could anything have been done differently to benefit the service user?
   - What was the standard of care/support provided by support team/those involved?
   - Where there any practices (good or bad) from the events leading up to the death that Future Directions CIC, PCT or Local Authority could learn from?
   - Does there need to be any procedural or policy changes?

4. **From the review were there any outstanding actions that require attention?**

   - Wishes of the deceased person or family?
   - Any further investigations or facts that need to be ascertained?
# CLAIM FOR DECEASED SERVICE USER’S PROPERTY

<table>
<thead>
<tr>
<th>Full Name of Service User</th>
<th>Address</th>
<th>Date of Birth</th>
<th>Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr/Mrs/Miss/Ms</td>
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</table>

1. **IF DECEASED LEFT A WILL is Probate to be obtained?** *YES/NO*

   If YES please enter full details as requested opposite

<table>
<thead>
<tr>
<th>Solicitor’s Name and Address</th>
<th>Executor’s Name and Address</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Mr/Mrs/Miss/Ms</td>
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</table>

2. **IF DECEASED LEFT NO WILL are Letters of Administration to be obtained?** *YES/NO*

   If YES please enter full details as requested opposite

<table>
<thead>
<tr>
<th>Solicitor’s Name and Address</th>
<th>Administrator’s Name and Address</th>
</tr>
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3. **IF ANSWER TO QUESTION 1 OR 2 IS “NO” please enter below the full name(s) and address(es) of the NEAREST living relative(s) of deceased AS PER PRIORITY LIST OVERLEAF indicating age and relationship**

<table>
<thead>
<tr>
<th>Full Name(s)</th>
<th>Mr/Mrs/Miss/Ms</th>
<th>Mr/Mrs/Miss/Ms</th>
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<tr>
<td>Permanent Address(es)</td>
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<tr>
<td>Relationship</td>
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<td>Age (enter ‘over 18’ if applicable)</td>
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<td>Full Name(s)</td>
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<td>Age (enter ‘over 18’ if applicable)</td>
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</table>

I declare that the replies furnished by me to the foregoing questions are correct according to the best of my knowledge and belief.

SIGNED: _______________________________ DATED: _______________________________

*Delete as appropriate*
NEAREST LIVING RELATIVE IN ORDER OF PRIORITY

NB: Relatives by marriage (e.g. Sister-in-Law, Step-child, etc.) are NOT legal next of kin.

Priority

First  Husband or Wife
Second  Child(ren) including issue of any child(ren) who may have died before the deceased.
Third  Father and/or Mother
Fourth  Brother(s) and/or Sister(s) including issue of any Brother(s) and/or Sister(s) who may have died before the deceased.
Fifth  Brother(s) and/or Sister(s) of half blood including issue of any half Brother(s) and/or Sister(s) who may have died before the deceased.
Sixth  Grandfather and/or Grandmother.
Seventh  Uncle(s) and/or Aunt(s) including issue of any Uncles and/or Aunts who may have died before the deceased.
Last  Uncle(s) and/or Aunt(s) of the half-blood including issue of any half Uncle(s) and/or Aunt(s) who may have died before the deceased.
End of Life
(Including Death of a Service User)
Appendix F

INDEMNITY FOR DECEASED SERVICE USER’S PROPERTY

Please write clearly, in black ink, initial amendment and do not use tippex

<table>
<thead>
<tr>
<th>FULL NAME OF SERVICE USER</th>
<th>ADDRESS</th>
<th>REFERENCE NUMBER</th>
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<tbody>
<tr>
<td>Mr/Mrs/Miss/Ms</td>
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I HEREBY DECLARE that I am the *Next of Kin/Administrator/Executor of the above named deceased and IN CONSIDERATION of your handing to me the sum of

£ ______________________ pounds ______________________________ pence

and the property listed in the annexed schedule being the assets now in your hands of the estate of the above named deceased I HEREBY UNDERTAKE to indemnify and keep the Calderstones NHS Trust against all actions, proceedings, claims or demands whatsoever which may be taken or made by any person claiming to be interested in the estate of the above named deceased or otherwise and against any costs or expensed whatsoever which may be incurred or become payable in respect thereof.

Address

Signed

Relationship to Deceased

Date

Witnessed

Occupation

*Delete as appropriate

SCHEDULE OF PROPERTY HANDED OVER

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End of Life  
(Including Death of a Service User)  
Appendix G  

RELIGIOUS AND CULTURAL INFORMATION

Christian Funerals  
Christian funeral rites vary according to the different sects of the Catholic and Protestant branches of the religion. There are, however, many similarities - Protestant rites are usually a simplified version of Catholic rites.

Quaker Funerals  
These are usually quiet and informal affairs. One or more of the people present may speak personally about the deceased. Others may read or quote, however, the majority of time is spent in silent contemplation. The body is buried or cremated with a simple ceremony at the municipal crematorium.

Protestant Funerals  
A dying person may have a pastor attend the death bed and prayers may be said. A brief prayer is said for the deceased at the Church on the Sunday following the death. The funeral can take many forms and may include speeches and readings by relatives and close friends.

Greek Orthodox Funerals  
Burials last, in the first instance for 3-5 years. The body is then exhumed in a family ceremony with a priest. The bones are then washed, left to dry in the sun, put in a casket and placed in a columbarium – a building fitted with niches that looks like a dovecote.

Roman Catholic Funerals  
At the approach of death a priest is summoned to hear the dying person’s confession and to absolve them, administer Holy Communion and Extreme Unction, anointing the person with oil that has been blessed by a Bishop. Burial is preceded by prayers for the dead. A requiem is recited at the funeral and the body in the coffin is blessed with incense and sprinkled with holy water.

Islamic Funerals  
Muslims prefer to bury the body of the deceased within 24 hours. The deceased is placed with their head facing the Muslim holy city of Mecca. The body is then ritually washed. Muslims prefer this ritual to be performed by family or close friends rather than by hospital staff or undertakers. Male relatives will wash male bodies and female relatives will wash female bodies.

After the ritual washing, the body is wrapped in a shroud. This is usually white. The salat for the dead, ‘salat ul janaza’ is then performed. This takes the form of the usual Muslim daily salat prayers with some special additions which specifically relate
to death. The ceremony usually takes place in the family home and is led either by someone the deceased chose before their death, a close relative or the family imam. It is generally accepted that Muslim funerals should be as respectful as possible without being extravagant. It is forbidden to cremate the body of a Muslim. Muslims are buried with their face turned to the right, facing Mecca. Members of the funeral party throw a little earth onto the grave while reciting “We created you from it, and return you into it, and from it we will raise you a second time”, surah 20:55 from the Qur'an. Graves are raised above ground level and ostentation is discouraged.

Gravestones are kept simple, marked only the deceased's name and date of death. Many Muslims will spend money on the poor rather than on an elaborate memorial stone. Official mourning lasts for 3 days and includes a banquet to remember the deceased. On the third day relatives visit the grave and recite extracts from the Qur'an.

**JEWS FUNERALS**

As death approaches, confession is heard and the dying person declares “Hear, O Israel, the Lord our God, the Lord is One”.

The dead body is placed on the ground and psalms are recited, especially psalm 91: “He that dwelleth in the secret place of the most High shall abide under the shadow of the Almighty …”.

The body is then washing and wrapped in a white linen shroud.

The body is placed in an inexpensive wooden coffin or put directly to earth in its shroud. A handful of dust from Israel is placed in the grave or coffin.

The funeral service consists of psalms, speeches praising the deceased, prayers for the repose of the soul, the final recital of the Kaddish, a hymn to praise God.

After the funeral the mourners eat a simple meal prepared by friends or neighbours. In orthodox families the next-of-kin will tear their upper garments and remain indoors for seven days [the shivah] sitting on low stools.

Mourning can last for one month or one year. These stages of return to normal life of the mourners reflect the soul’s gradual progress to the afterlife.

For more information on this subject to go [www.Jewish-funerals.org](http://www.Jewish-funerals.org)

**Sikh Funerals**

Sikhs view death as a separation of the soul from the body and is considered part of God’s will.

The traditions and conventions surrounding a Sikh death follow the teachings of the faith. Sikhs believe that the soul moves on to meet the supreme soul, God. Death is seen as a time for praising God in accordance with the teaching of code of conduct, the Rahit Maryada.

After someone dies, if the body is on a bed it should not be moved and no light should be placed next to it. Prayers are said which acknowledge that the death is an act of God.

The first line is read from the Holy Book and Ardas, prayers are said: “Nanak Naam Charh di Kala Tare bhan sarbat khabalu”. Sikh scriptures state that relatives should not indulge in wailing and anguish, although this is, naturally hard. Hymns are
sung in preparation for the cremation of the body. The family read the Holy Book continuously for 48 hours or in stages which must be completed within one week and end on the day of the funeral.

Cremation is the accepted form of disposal of the body. The body is bathed and dressed in fresh clothes. Hymns that induce a feeling of detachment are sometimes sung on the way to the crematorium to aid the family in not showing their grief. At the crematorium the prayer known as the ‘Kirtan Sohila’ is often recited. Ardas, or ‘general prayers’ are often said before cremation as well. These seek a blessing for the departing soul. A member of the family will then light the funeral pyre. In traditional ceremonies this will be done with a naked flame, but in Britain it is more usually for a family member to push the button for the coffin to disappear.

Men wear black headscarves to the funeral and women wear pale coloured or white headscarves. Ashes are collected and scattered in running water or on the sea. Sikhs to not hold any river as holy but may deposit the ashes in a place of sentimental value. After the cremation guests return to the family home and readings are given and hymns sung. Neighbours and families make a substantial meal for the bereaved family. Everyone must bathe as soon as they go home to cleanse themselves. A candle, jot, is burned in the home. This is made from Ghee [clarified butter] and cotton and has a sweet smell. This cleanses the home.

The mourning period lasts between two and five weeks. On the first anniversary of the person’s death, the family gather and undertake ‘Barsi’ prayer. They then have a meal. This is not a sad occasion but is seen as a way of remembering the deceased and celebrating their life.

HUMANIST FUNERALS
Humanists believe in reason and common humanity rather in religion. The focus of a humanist funeral is on the person who has died. The funeral is dignified and warm, honouring and celebrating the life of the deceased.

There are usually personal tributes, poems or music instead of hymns and prayers. Humanists aim to give a sensitive, accurate and personal reflection of the deceased, believing that some standard funeral practices can be impersonal. A humanist officiant will perform the ceremony. The officiant will visit the bereaved family to discuss what is required. This visit covers practical issues such as timing, choice of music, family contributions and the collection of material with which to write the tribute to the deceased.

At the funeral, the officiant will welcome the mourners and explain why a non-religious ceremony has been chosen. They may reflect on life and death through poetry or readings appropriate to the circumstances of the person who has died.

The main part of the funeral is the tribute to the deceased which is offered either by the officiant or a family member or friend.

For more information on this subject to go: The British Humanist Association.

BUDDHIST FUNERALS
Funerals are relatively unimportant in Buddhism. Buddhists concentrate their efforts on the deceased’s frame of mind up to, and at the moment of, death. Most Buddhist
funerals held in the west are simple and low-key affairs organised by family and friends. They include appropriate Buddhist readings and tributes to the deceased.

The final committal is usually carried out at a chapel attached to the cemetery, preferably with overtly Christian symbols concealed. Most Buddhists prefer cremation, although some want a ‘green’ burial through concern for the environment.

HINDU FUNERALS
Hindus believe in reincarnation and view death as the soul moving from one body to the next on its path to reach Nirvana, heaven. Death is a sad occasion, but Hindu priests emphasise the route ahead for the departed soul and a funeral is as much a celebration as a remembrance service.

Hindus cremate their dead, believing that the burning of a dead body signifies the release of the spirit and that the flames represent Brahma, the creator.

Family members will pray around the body as soon as possible after death. People will try to avoid touching the corpse as it is considered polluting. The corpse is usually bathed and dressed in white, traditional Indian clothes. If a wife dies before her husband she is dressed in red bridal clothes. If a woman is a widow she will be dressed in white or pale colours.

The funeral procession may pass places of significance to the deceased, such as a building or street. Prayers are said here and at the entrance to the crematorium.

The body is decorated with sandalwood, flowers and garlands. Scriptures are read from the Vedas or Bhagavad Gita. The chief mourner, usually the eldest son or male, will light some kindling and circle the body, praying for the wellbeing of the departing soul.

After the cremation, the family may have a meal and offer prayers in their home. Mourners wash and change completely before entering the house after the funeral. A priest will visit and purify the house with spices and incense. This is the beginning of the 13 day mourning period when friends will visit and offer their condolences.

Often a garland of dried or fake flowers is placed around a photograph of the deceased to show respect for their memory.

‘Shradh’ is practiced one year after the death of the person. This can either be an annual event or a large one-off event. This is the Hindu practice of giving food to the poor in memory of the deceased. A priest will say prayers for the deceased and during this time, usually lasting one month, the family will not buy any new clothes or attend any parties. Sons are responsible for carrying out Shradh.
**MINISTER/CHAPLAIN CONTACTS LIST**

<table>
<thead>
<tr>
<th>Clergy/Religious Organization</th>
<th>Address</th>
<th>Tel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church of Jesus Christ and Latter Day Saints (Mormons)</td>
<td>Middleton Meeting House, Taylor Street, Middleton M24 1BZ</td>
<td>0161 653 4861</td>
</tr>
<tr>
<td>Quakers Religious Society of Friends</td>
<td>Crawshawbooth, Rossendale BB4 8AG</td>
<td>01706 212507</td>
</tr>
<tr>
<td>Medina Mosque and Islamic Centre</td>
<td>29 Stansfield Street, Oldham</td>
<td>0161 678 6862</td>
</tr>
<tr>
<td>Kingdom Hall of Jehovah’s Witnesses</td>
<td>Hilton Fold Lane, Middleton M24 2HZ</td>
<td>0161 345 7409</td>
</tr>
<tr>
<td>Losang Dragpa Buddhist College, Dobroyd Castle, Pexwood Road, Todmorden, Lancashire OL14 7JJ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swaminarayan Hindu Mission</td>
<td>29 Russell Street, Ashton Under Lyne OL6 9QS</td>
<td>0161 330 5196</td>
</tr>
<tr>
<td>Bethesda Pentecostal Church</td>
<td>11 Parkhills Road, Bury BL9 9AU</td>
<td>0161 761 6942d</td>
</tr>
<tr>
<td>Christian Scientist</td>
<td>First Church of Christ Scientist, 130G Drake Street, Rochdale OL16 1PN</td>
<td>01706 644702</td>
</tr>
<tr>
<td>Muslim Mosque</td>
<td>116 Manchester Road, Werneth OL9 6RP</td>
<td>0161 624 5448</td>
</tr>
<tr>
<td>New Life Church</td>
<td>St. James Street, Ashton Under Lyne OL6 6SF</td>
<td>0161 339 7324</td>
</tr>
<tr>
<td>North Manchester Reform Congregation, Shal Arei Shalom Synagogue, Elms Street, Whitefield</td>
<td></td>
<td>0161 796 6736</td>
</tr>
<tr>
<td>Blackburn Cathedral</td>
<td>01254 51491</td>
<td></td>
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<tr>
<td>Padiham Methodist Church</td>
<td>Morley Street, Padiham BB12 8BH</td>
<td>01254 771569</td>
</tr>
<tr>
<td>United Reform</td>
<td>Blackburn Ragged School, Bent Street, Blackburn BB2 1NG</td>
<td>01254 51255</td>
</tr>
<tr>
<td>Sikh</td>
<td>8 Culshaw Street, Blackburn BB1 1JF</td>
<td>01254 581965</td>
</tr>
<tr>
<td>Baptist</td>
<td>Cannon Street, Accrington BB5 1NJ</td>
<td>01254 393742</td>
</tr>
<tr>
<td>The Salvation Army</td>
<td>Express Street, Accrington BB5 1SG</td>
<td>01254 389157</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>English Martyrs Whalley</td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>Farouk Mangera, Lancashire Mosques Advocate</td>
<td>07971 446870</td>
</tr>
<tr>
<td>Charlotte Kennedy, HR Advisor (Equality and Diversity)</td>
<td>Calderstones Partnership NHS Foundation Trust</td>
<td>01254 821661</td>
</tr>
<tr>
<td>Free Church/Methodist, Rev Thomas</td>
<td>Tel: 01254 822130/07792 250599</td>
<td></td>
</tr>
</tbody>
</table>
MAKING A WILL
(For reference purposes only)

What Is A Will?
A Will lets you choose who you want to have your money and the things you own after you die – when you don’t need them anymore.

A Will is written on paper with the help of a Solicitor. It is a legal document and means that people must carry out the choices you make in your Will. You must sign the document in front of two witnesses who must also sign the document.

What kind of things can you leave in a Will?
You can leave anything you own in your Will.

For example, you can say who you want to have your:-
- Money
- Property – for example, if you own a house
- Jewellery
- Furniture
- Books
- Car
- Bicycle

Why should you make a Will?
If you don’t make a Will the Government will decide who in your family gets your money and your things. There are rules that the Government uses to decide who gets your money and your things after you die. This means that friends, supporters, or carers may not get the things you want them to.
For example:-

If you have a boyfriend or girlfriend they will not get anything. Neither will your friends.

Think about what you have before you make a Will. If you have a lot of money or things then it is sensible for you to make a Will, if you do not, it may not be necessary for you to leave a Will. Instead, everything will go to your family.

Who can you include in your Will?

You can choose to leave some money or any of your things to any named person.

For example you could include:-

- Family
- Friends
- Charities

To make a Will

- You must be 18 years old or over
- You must know what things belong to you
- You must understand what a Will is
- You must choose who should get the things you own after you die.

When you have decided who you want to leave things to after you die you should ask a Solicitor to make a Will for you.

It is also important that if you make a Will, you review it from time to time, say every 5 years.
WILL MAKING FOR PEOPLE WITH A LEARNING DISABILITY
GUIDANCE NOTES

This fact sheet is intended as a basic guide to assist the family, friends and carers of a person/people with a learning disability if they wish to make a Will.

A will is a testamentary document which directs who should receive the assets after a person dies.

In order to make a Will the person wishing to do so must be age 18 or over and have the necessary mental capacity to make a Will.

There are legal tests which must be satisfied for a person to have mental capacity to make a Will. They must be able to:-

- Understand the nature and effect of what they are doing – they are directing what happens after they die.
- Understand the nature and effect of the property they are disposing of under their Will. They need not necessarily understand the value of what they are disposing of but must have some idea of the type of assets and a rough estimation of value.
- Understand the effect of making a Will in the form they propose – who gets what.
- The person must be able to appreciate the claims of all the people to whom they ought to have regard. This involves a person distinguishing between individuals, such as their family and close friends, to reach some sort of moral judgement. For example, they may choose one person over another because they may be more deserving, less well provided for, in greater need of financial assistance or have greater family responsibilities.

A Solicitor is the most appropriate person to decide whether or not a person has the mental capacity to make a Will. If they feel it is necessary, they are able to consult a Medical Practitioner for their opinion on a person’s mental capacity.

If a person with a learning disability wishes to make a will, their first step should be to go and see a Solicitor who has experience in this area. A Solicitor should be able to talk through with them the choices of how a person may leave their assets and suggest the best way of doing so.

It is possible that a person may be unable to manage their property and affairs (and perhaps has a Receiver appointed by the Court of Protection to deal with their financial capacity). The test is different. In those circumstances a medical statement would need to be obtained and the Court of Protection notified.

Whilst the test for testamentary capacity is ultimately a legal one, not a medical one, the Court will look at the evidence of medical experts. A Solicitor should be able to meet with the individual and make and assessment of their capacity and in many cases it will be obvious that they do or do not have capacity. If in doubt a statement should be obtained from a Medical Practitioner.
Even if a person has a disability that prevents them from signing, such as they cannot read or write, or they are blind, they can have the Will read over to them and as long as they understand the Will they can either sign by their mark, or someone else can sign for them.

If it becomes apparent that the person does not have the necessary capacity to make a Will there is a procedure for drawing up a Will on their behalf through the Court of Protection if the person has sufficient assets. An application can be made to the Court of Protection for what is known as a 'Statutory Will' for them. The Statutory Will can be made in any form and the person’s wishes may be taken into account. Information about this should be obtained directly from the Public Guardianship Office on 020 7664 7300.

Some common reasons for making a Will (or an application for a Statutory Will), are:-

- If they do not make a Will they will die ‘intestate’. This means that the law states who receives what from the person’s estate. For example, if a couple are unmarried, then one person’s estate will not pass to the survivor of them but will instead pass to the deceased’s children if they have any, or if none, their parents or extended family. This is often not what the person would want.

- Depending on the value of the person’s estate it is also preferable to prepare a Will for tax reasons. It is possible to reduce inheritance tax payable on a person’s estate through simple tax planning through a Will.

- The person may wish to leave their assets to someone who is in receipt of means tested benefits or who is unable, by way of their own disabilities, to manage the assets. In these circumstances it is possible to leave the assets in a certain type of trust. Money held in this way does not automatically belong to the individual, and therefore cannot be taken into account when calculating any benefits. It also means that the funds are managed by persons who are capable of doing so, and who will be able to make voluntary payments to the beneficiary for extras.

For further information about Wills, especially specific to individual needs and requirements, you should consult a Solicitor specialising in this area of law.

If you would like a list of specialist Wills and trusts Solicitors for your area please contact:

Wills and Trusts Team, MENCAP, FREEPOST WD3537, London EC1B 1AA
E-mail: willsandtrusts@mencap.org.uk
Telephone: 020 7696 6925